



CYPRUS
CHAMBER OF
COMMERCE AND
INDUSTRY



21 January, 2020.

TO: ALL INTERESTED PARTIES
MEMBERS OF THE CYPRUS CHAMBER OF COMMERCE AND INDUSTRY

Dear All,

**ARE YOU INTERESTED IN CANNABIS!!
(INDUSTRIAL AND MEDICINAL)**

**Then join the exciting world of the
CYPRUS CANNABIS ASSOCIATION
(with association with the venerable institution
the Cyprus Chamber of Commerce and Industry)**

Soon, the Cyprus Government will issue licenses for the cultivation of medicinal cannabis to interested investors, thus opening new business opportunities not only to the licensees but to collateral business such as, packaging, exports marketing, shipping, accountants, advocates etc.

In October 2019, the Cyprus Cannabis Association was established, under the guidance and expert advice of the biggest business organization, the Cyprus Chamber of Commerce and Industry.

Members of the Association fall into two categories:

- 1) Regular Members (simple member) annual subscription is only 300 euros/year
- 2) Associate members (supporting) annual subscription is only 150 euros/year

(Associate members get all the benefits/information of the regular members except for the right to vote and/or to be elected to the board.)



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If you are interested to join the exciting promising and profitable world of cannabis, please fill in the enclosed form and mail it to stavri@ccci.org.cy or fax 22668630.

The board has the final say whether to accept or not your application, and in which category you will be placed.

If you have any queries, feel free to call us at 97889949, or 22889719.

Yours sincerely,

Andria Andreou
President

A. S. Nathanael
Director

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Encls.



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**PRELIMINARY INTEREST TO
BECOME MEMBER OF THE
CYPRUS CANNABIS ASSOCIATION**

Having been informed of the Cyprus Cannabis Association I would like to apply for membership in the following category

- 1) **Regular Member**
- 2) **Associate Member**

(Please tick one)

Name of physical person or company:

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Name of Company representative:

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Nature of activities/occupation and reason for interest in becoming a member:

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Address:

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E-mail.

Tel. **Fax.**

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Signature

Date