

Membership Agreement

In 1996, California voters passed "The Compassionate Use Act" now Health & Safety code 11362.5. The proposition was designed to ensure physician-approved patients have access to marijuana for medical purposes. In 2003, the California Legislature passed SB 420, Health & Safety code 11362.7, to "avoid unnecessary arrests and prosecution" and to "enhance the access of patients and caregivers to medical marijuana through collective, cooperative cultivation projects".

As set out in Health and Safety code 11362.7 et. seq., qualified patients and their primary caregivers may associate within the state of California in order to collectively or cooperatively cultivate, process, transport, and administer marijuana for medical purposes in amounts not exceeding those established by doctor's recommendation or state/local guidelines.

Information pertaining to Homegrown Holistic Collective, its members, procedures, and activities, are privileged and/or confidential and members are not authorized to break this confidentiality.

The undersigned are physician-approved patients and/or primary caregivers of physician approved patients as defined in sections 11362.5 and 11362.7 and understand that cannabis, while being a well-known effective therapeutic agent, is still regarded as illegal under federal law, according to the federal government. Therefore, all members of H2C acknowledge that they are committing an act of collective federal civil resistance.

I have read and understand this Membership Agreement and Code of Conduct and agree to abide by it. I understand that my membership may be immediately revoked upon a violation of any of the policies stated herein.

I hereby affirm that I read, understand and agree to the terms of H2C's Membership Agreement and Code of Conduct.

Signature _____

Date _____

Print Name (First and Last Name) _____

Street Address (only needed if different than on identification)

City, State, Zip (only needed if different than on identification)

Telephone Number_____

Email Address_____

____ I would like to receive email regarding upcoming classes and events

I authorize my recommending physician to verify to H2C his/her recommendation or approval for my use of medical cannabis.

Signature _____

Date_____

Do not write below this line for Staff use only

Provided Member Handbook

Verified Recommendation

Expiration Date of Recommendation _____

Membership Identification Process Complete

Coordinator Signature _____

Date _____