

PATIENT# _____

Pacific Coast Relief
COLLECTIVE MEMBERSHIP APPLICATION AND AGREEMENT
A California Nonprofit Mutual Benefit Corporation

I _____, resident of the County of _____ hereby state that as a qualified patient or a primary caregiver who has received a valid physician's recommendation for the use of medical marijuana in accordance with the California Health and Safety Code § 11362.5 ("Proposition 215" or "Compassionate Use Act of 1996") and Article 2.5, commencing with Section 11362.7, to Chapter 6 of Division 10 of the California Health and Safety Code ("SB 420"), wish to voluntarily join and become a member of Pacific Coast Relief (the "Collective") and agree to follow the terms and conditions as set forth in this agreement.

1. I hereby declare under the penalty of perjury under the laws of the State of California that a medical doctor recommended or approved my use of medical marijuana for an illness for which cannabis provides relief in accordance with the Compassionate Use Act of 1996 and SB 420.

Patient/Member Initials: _____

2. As a member, I hereby appoint and designate the Collective and their representatives, as any true and lawful agents for the limited purpose of assisting me in obtaining my legally prescribed medical marijuana. I understand that this means that the Collective will be required to possess, purchase, cultivate, transport and/or distribute medical marijuana exclusively for member qualified patients or primary caregivers. Therefore, I grant the Collective's management and other fellow members the limited authority to engage in the afore-mentioned tasks. I further agree and authorize the Collective and its members to use information relation to my status as a qualified patient as use of such information is reasonably necessary for providing my medical marijuana for my medical benefit as a qualified patient.

Patient/Member Initials: _____

3. I authorize the Collective to create and/or assign agency rights in its own name for the purpose of growing marijuana for my personal medical reasons as well as for the medical benefit of other members of the Collective.

Patient/Member Initials: _____

4. As a member, I understand that the Collective has other members who have joined and agreed to uphold the Collective's rules and spirit by, among other things, signing a similar membership agreement. I hereby authorize the Collective to possess the medical marijuana as described under this agreement jointly with other members of the Collective under similar agreements. I agree that the medical marijuana possessed by the Collective is at any the collective property of every patient who has joined the Collective,

subject to the Collective's rules and guidelines established by and for the Collective for handling medical marijuana for the benefit of member patients.

Patient/Member Initials: _____

5. I agree to pay to the Collective all personal out-of-pocket expenses and reasonable compensation for services related to providing medical marijuana to me and other member patients.

Patient/Member Initials: _____

6. I hereby verify that I am a resident of California and my personal medical marijuana will not be taken out of the State of California. I further verify and agree that medical marijuana shall not be shared, sold, bartered, traded, exchanged or delivered by any means to any other person for medical or other reasons. I understand that diversion of medical marijuana for non-medical purposes and/or other individuals shall be grounds for the immediate termination of my membership. I also agree to request amounts of medicine strictly for my medical personal use at reasonably necessary intervals.

Patient/Member Initials: _____

7. I agree to possess my original, or true and correct copy, of my physician's recommendation, when I am on the property used by or belonging to the Collective. I understand that my failing to do so may result in the termination of membership and that verbal recommendations from physicians will not be accepted. I hereby agree to all future changes of the Collective's policies as the laws relating to access to medical marijuana might change. I further agree to provide the Collective with all changes relating to my contact information as well as my status as a qualified patient.

Patient/Member Initials: _____

8. All members must be 18 years of age or older and possess a valid state issued I.D.

Patient/Member Initials: _____

9. All members must have a valid physician's recommendation on file with the Collective at all times and agree that recommendations must be fully verified by an authorized agent of the Collective before any medicine may be provided.

Patient/Member Initials: _____

10. All members agree to be respectful of the Collective's neighbors and adhere to the Collective's good neighbor guidelines and practices, including, but not limited to, not loitering, littering, using cell phones in an indiscreet manner or playing any loud music in and around the building and parking areas.

Patient/Member Initials: _____

11. All members agree to arrive at the Collective's premises alone, without any friends, family or children waiting in the car, unless a member is disabled and needs to be driven to the premises by another person.

Patient/Member Initials: _____

12. All members agree to keep packages with medicine sealed until arriving at their final destination and agree not to bring any backpacks or other bags to the dispensary area. Members acknowledge having been advised that it is a good safety practice to lock any medication in the trunk upon leaving the premises.

Patient/Member Initials: _____

13. All members agree not to use or consume any medication in or around the premises or their cars. Members acknowledge being advised that using marijuana might negatively affect their ability to drive a motor vehicle.

Patient/Member Initials: _____

14. Members may not exchange money, share money or split payments for obtaining medication or any other purpose at any time while on the premises.

Patient/Member Initials: _____

15. All members agree to treat the Collective's staff, management and other members with dignity and respect and understand the Collective's staff and management reserve the right to refuse service to anyone at any time. Members understand that no acts of violence or threats of violence will be tolerated.

Patient/Member Initials: _____

16. All members agree that no smoking, alcohol, illicit drugs or weapons are allowed on the premises at any time.

Patient/Member Initials: _____

17. In the event of an emergency, all members must follow the instructions of the Collective's management staff.

Patient/Member Initials: _____

18. All members understand and agree that maintaining safety, membership rules and adherence to the law are their collective responsibility.

Patient/Member Initials: _____

19. As a patient member you are hereby advised that _____, has been appointed as the member grower on behalf of all current and future members until further notice. I am aware and consent to allowing the dissemination of my personal medical record, (physicians statement), to any agency requiring documentation on behalf of either _____. If you have any specific medicinal requirements please provide notice to us so we can advise _____.

Patient/Member Initials: _____

20. Please indicate what strains of marijuana you prefer:

21. Please indicate your average monthly consumption amount: _____

I hereby affirm that I have read, understand and agree to the terms of the collective.

Date: _____

Patient/Member Name (Print): _____

Patient/Member Signature: _____