

## THE HEALING CONNECTION MEMBERSHIP AGREEMENT

Pursuant to California Health and Safety Code § 11362.775

I, \_\_\_\_\_, hereby declare under penalty of perjury under the laws of the State of California that:

I am over 18 years of age;

I am a resident of the State of California;

I have a valid, state-issued, California Identification Card or Driver's License;

I am a qualified patient and have a valid recommendation or approval from a licensed California physician to use medical marijuana for my medical condition(s).

I do not work for any law enforcement, local or federal, or working in conjunction with any type of law enforcement.

**As a qualified patient protected by California Law (Health & Safety Code §11362.5 and §11362.7, et seq., CA SB 420), you are required to read and agree to the following statements to become a member of the THE HEALING CONNECTION collective. After reading the following statements, please initial in the space provided before each statement to certify that you have read and understand each statement, then sign and date at the bottom.**

\_\_\_\_\_ I understand that **THE HEALING CONNECTION** is a not-for-profit collective of qualified patients who have voluntarily joined together to share resources and cultivate medical marijuana for each other's respective medical condition(s). As a qualified patient under California law, I choose to become a member of **THE HEALING CONNECTION**

\_\_\_\_\_ I understand **THE HEALING CONNECTION** was established to provide a professionally-administered and legally-structured collective for the benefit of all its members.

\_\_\_\_\_ As a member, I appoint and designate **THE HEALING CONNECTION**, and their representatives, as my true and lawful agents for the limited purpose of assisting in obtaining medical marijuana. I understand this means that

**THE HEALING CONNECTION** may be required to purchase, possess, transport and distribute my medication to me; and I grant them the authority to do so.

\_\_\_\_\_ I understand that **THE HEALING CONNECTION** operates within strict compliance of all applicable California laws relating to the cultivation, possession, transportation and use of medical marijuana.

\_\_\_\_\_ I understand that **THE HEALING CONNECTION** has other members with similar membership agreements and I hereby authorize **THE HEALING CONNECTION** to jointly possess the medical marijuana as described under this

Agreement with other members and understand the medical marijuana possessed by the collective is the *collective* property of all patient members.

\_\_\_\_\_ I understand that all donations made to **THE HEALING CONNECTION** are to be used to reimburse for actual expenses and reasonable costs for the administration of the collective. Furthermore, all donations are for the continued operation of the collective and that any said donation in no way constitutes a commercial promotion or sale of any item.

\_\_\_\_\_ I agree not to redistribute any medical marijuana I obtain through **THE HEALING CONNECTION**.

\_\_\_\_\_ I agree to contact **THE HEALING CONNECTION** immediately if there are any changes to my address, phone number or physician, as well as any changes to the validity of my California ID or my physician's recommendation.

\_\_\_\_\_ I understand this is a bi-lateral Membership Agreement and either I or **THE HEALING CONNECTION** may terminate the Agreement at any time in writing, without notice or reason, and the other party to the Agreement has absolutely no recourse or basis to re-instate the Agreement or any cause of action.

PRINT Member Name \_\_\_\_\_

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Birth Date \_\_\_\_\_

D.L. or CA State I.D. # \_\_\_\_\_

Verification website or phone # \_\_\_\_\_

Member # \_\_\_\_\_

Expiration Date \_\_\_\_\_