

AMETHYST ARMISTICE COLLECTIVE

Membership Application & Agreement

General Information

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CA Driver's License or State ID Number: _____ Expiration: _____

Date of Birth: _____ Phone Number: () _____

E-mail Address: _____

Medicinal Marijuana ID Card Information

(Complete only if you already have a medicinal marijuana ID card issued by a county health department or other government agency pursuant to California Health & Safety Code §11356.7, et seq. (SB-420, 2003).)

Card Issued By: _____

Card ID Number: _____ Issue Date: _____ Expiration: _____

This Section for Staff Use Only

Doctor's Name: _____ Phone: _____

Recommendation Dated: _____ Expiration Date: _____

Recommendation Verification from Physician's Office by: _____

Date and Time of Verification: _____

AAC Database ID Number: _____

Second form of ID Type: _____

Staff Signature: _____ Date: _____

It is the policy of Amethyst Armistice Collective (hereafter referred to as AAC) to update our rules and regulations from time to time to reflect changes in the law. It is your responsibility to keep an up to date recommendation. The following rules & regulations are strictly enforced at all times:

1. I certify under penalty of perjury that the information provided above is true and accurate, and I am not seeking membership for any fraudulent purpose.
2. It is understood by all parties that membership in AAC is a privilege and not a right. AAC members must be 18 years or older.
3. It is the goal of AAC to provide a safe, friendly environment for our members. Members with disabilities understand and agree that their access and use of AAC shall be limited to places of public accommodation and other places to which the general public is invited or accommodation provided by the members themselves. AAC does not operate facilities that can accommodate disabled persons. Assistance to disabled members will be offered upon request.
4. I am a qualified patient or primary caregiver as defined under California law, and
 - (1) I have obtained a recommendation or approval from a physician currently licensed to practice medicine in the state of California to use medicinal marijuana to treat a serious illness; or
 - (2) I have been designated as the primary caregiver by a qualified patient to provide for that patient's health and well-being.
5. I will not distribute medicine received from AAC to any other person who is not a member of AAC.
6. I will not use the medicinal marijuana obtained from AAC for non-medical purposes.
7. I will not use medicinal marijuana in any public place.
8. Members agree to abide by all requirements and restrictions regarding medical cannabis as set forth in Proposition 215, SB420, California Health & Safety Code sections 11362.5 and 11362.7 et seq. in addition to all local regulations.
9. I authorize my recommending physician to verify his or her recommendation or approval for the use of medicinal marijuana.
10. I authorize AAC and its members to process, store, possess, transport and dispense medicinal marijuana for my medical needs.
11. Members are allowed ONE (1) medical cannabis purchase or ONE delivery per day.

12. Except for AAC staff and management the operation of cell phones, recording devices and cameras is strictly prohibited during medical cannabis transactions.

I have read and understand the rules and guidelines and consent to joining this Collective.

Members must NOT bring any weapons or anything that can be used as a weapon to any AAC meeting or transaction. Pocket knives, tools etc. must not be in your possession for any AAC meeting or transaction.

Members agree NOT to operate motor vehicles or other mechanical devices while medicated.

I authorize AAC to grow medicine on my behalf and for the Collective in accordance with all state and local laws.

Initials

I being of lawful age and sound mind, do hereby release, acquit, and forever discharge **Amethyst Armistice Collective** it's members and managers of all actions, claims, demands or damages accruing to me from any known or unknown injury, loss, or damage sustained by or to me. This release shall remain in force and run concurrently with my membership in **Amethyst Armistice Collective**. In witness whereof, I have executed this release in California. I further agree to indemnify and hold harmless **Amethyst Armistice Collective** from any injuries or damaged resulting from use or misuse of medical marijuana obtained from **Amethyst Armistice Collective** .

Initials

X_____ Date:_____

Member Signature