



Patient's Information

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ **Circle One:** E-mail/Phone/Address _____

Condition(s) for recommendation (optional): _____

Please sign the bottom of this form confirming that you understand and agree to the following statements. **Please understand that these are for your protection as an individual and a member, other members, and the collective.**

1. I hereby declare that I am a qualified patient under CA H&S Code §11362.5, 11362.7, et seq., and my doctor has recommended or approved my use of medical marijuana per CA H&S Code §11362.51. I hereby authorize my treating physician, as required by State and Federal Laws including HIPAA regulations, to release my medical information necessary to verify my recommendation for medical Cannabis to Ethnobotanica and its duly authorized representatives

2. I understand that deliveries can only be carried out at a private location. I must either 1) have legal authority to use the premises, or 2) have permission from whomever has legal authority of the property. Properties which are NOT private, include motels, hotels, campgrounds, dorms, or homes or offices which are under the legal authority of a person from which permission has not been granted to obtain a delivery.

3. I agree to pay all personal out-of-pocket expenses and reasonable compensation for Ethnobotanica member services and/or products. I understand that my contributions to Ethnobotanica for medicinal products are used to ensure the continued operation of the collective.

4. I verify that I am a California resident and my personal medical marijuana will not be taken out of the State of California. I further verify and agree that my medical marijuana shall not be sold, bartered, traded, exchanged or delivered in any other means to any person except to other collective members on behalf of Ethnobotanica.

5. As a member of the collective, I hereby agree, appoint and designate Ethnobotanica, and their representatives, as my true and lawful agents for the limited purpose of assisting me in obtaining my legally prescribed medicinal marijuana as a member of the collective. I understand that this means Ethnobotanica will be required to enter into legal contracts on my behalf in order to grow/prepare, purchase, possess, transport, and sell Cannabis products to me as prescribed by my physician and I grant them the limited authority to do so. I further authorize Ethnobotanica to enter into contracts on my behalf, which would be to the general benefit of the collective in order to obtain and/or allow growth/preparation of Cannabis products.

6. I agree to follow all Ethnobotanica rules and regulations regarding their services. I understand that the Membership Agreement may change, and I hereby agree to all future changes of these policies through verbal or written notice. Any violations of the terms of this Membership Agreement, or any other Ethnobotanica's rules are grounds for immediate termination of membership.

7. I agree to provide with all changes in my contact information, diagnosis, primary physician, or any other applicable information immediately. As a member of the collective, it is my responsibility to keep my recommendation and information current to avoid refusal of services. I understand that Ethnobotanica keeps record of all services provided to me as a member of the collective, and authorize them to do so. This information is vital in establishing the legitimacy of the collective, as well as providing evidence of compliance with state and local law enforcement.

9. I will read and familiarize myself with California Health and Safety Code 11362.5, also known as "The Compassionate Use Act" or Proposition 215; 11362.7 – 11362.84, also known as "The Medical Marijuana Program Act" or Senate Bill 420; and the Attorney General's, "Guidelines to Ensure the Security and Non-Diversion of Marijuana Grown for Medical Use". As a qualified medical marijuana patient of the State of California and member of Ethnobotanica, I agree to follow those laws and the AG's guidelines. Failure to comply with the law and AG's guidelines may result in termination of membership.

10. As a member of Ethnobotanica, I also allow Ethnobotanica and its authorized agents to represent me and my interests, in regards to Ethnobotanica services, in any criminal or civil litigation, which may arise as a result of Ethnobotanica member services. I understand that Ethnobotanica will provide the information necessary for law enforcement to verify my physician's recommendation.

Patient/Member Signature: _____ **Date:** _____