



MEMBERSHIP AGREEMENT FORM

I _____ (print name) as a qualified patient protected by California Law, Health & Safety Code §11362.5 and §11362.7, et seq., and, in conjunction with California State Senate Bill 420, you are required to read and agree to the following statements to become a member of **OCMEDS**. Please understand that these are for your protection, as well as ours. Please read the following statements and initial that you have read each where provided. Please sign the bottom of this form confirming that you read each of the statements and understand them.

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, prescribed and approved my use of medical marijuana. As per CA H&S Code §11362.51, I am legally able to use, possess, and cultivate cannabis for medical purposes. I understand that I am allowed to do so through safe and affordable access such as the type provided by **OCMEDS**, therefore, designate **OCMEDS** as my care provider for this purpose. In doing so, I agree to sign and follow all **OCMEDS** rules and regulations regarding their services

Patient/Member Initials: _____

2. I further authorize **OCMEDS** to create and/or assign agency rights in its own name for the purpose of growing medication and/or obtaining edible forms of medication for my benefit.

Patient/Member Initials: _____

3. I also agree to pay all personal out-of-pocket expenses and reasonable compensation for **OCMEDS** member services.

Patient/Member Initials: _____

4. I hereby declare under penalty of perjury under the laws of the State of California that a medical doctor recommended or approved my use of medical marijuana. I have been diagnosed for a serious illness for which cannabis provides relief.

Patient/Member Initials: _____

5. I hereby 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 shared, sold, bartered, traded, exchanged or delivered in any other means to any other person.

Patient/Member Initials: _____

6. I hereby declare and understand that my contributions to **OCMEDS** for and through prescribed medicinal products I may acquire from **OCMEDS** are used to ensure the continued operation **OCMEDS** and that any said transaction in no way constitutes a commercial promotion or sale of any item.

Patient/Member Initials: _____

7. As a member, I hereby agree, appoint and designate **OCMEDS**, and their representatives, as my true and lawful agents for the limited purpose of assisting me in obtaining my legally prescribed medicinal marijuana. I understand that this means **OCMEDS** will be required to purchase, possess, transport and distribute my medication to me as prescribed by my physician and I grant them the limited authority to do so. I further authorize **OCMEDS** to share their primary caregiver status of my person in order to enter into contracts to obtain and/or allow growth/preparation of medication and edibles for my benefit.

Patient/Member Initials: _____

8. As a member, I understand that **OCMEDS** has other members with similar Membership Agreements. I hereby authorize **OCMEDS** to jointly possess the medical marijuana as described under this Agreement jointly with other **OCMEDS** members under similar Membership Agreements. I agree the medicinal marijuana possessed by **OCMEDS** at any time is the collective property of every patient who is also under this Membership Agreement and the care of **OCMEDS**.

Patient/Member Initials: _____

9. I agree to provide **OCMEDS** with all changes in my contact information, diagnosis, or primary physician immediately.

Patient/Member Initials: _____

I, (print clearly) _____, hereby consent to the benefits provided by **OCMEDS**. I understand that the **OCMEDS** has made no efforts in encouraging me to produce or use any substances for my medical condition. I have been informed by an authorized representative of **OCMEDS** that I should continue to seek professional medical advice prior to and during my use of any cannabis product I may acquire through **OCMEDS**.

I understand that the **OCMEDS** was organized to fill the necessity of medical cannabis. I further understand that circumstances may require defense of authorization in a court of law and agree to participate in such defense to the extent necessary and practicable. I understand that the **OCMEDS** reserves the right to refuse service(s) to members.

I affirm that I am above eighteen (21) years of age or have the consent of my parent/guardian, and that I have a medical condition(s) as attested to on my information form.

I understand that my contributions to **OCMEDS**, through products I may acquire from the organization, are used to insure continued operation of the **OCMEDS** and that this transaction, in no way, constitutes commercial promotion.

I understand that medical marijuana, while being a well-known effective therapeutic agent, is still illegal in this country. Therefore, by signing this form, all members of **OCMEDS** are committing an act of collective Federal civil resistance.

I authorize the **OCMEDS** to acknowledge the fact of my membership, when needed, for the preservation of my medical rights under the Compassionate use Act of 1996.

Member Signature _____

Date _____

I hereby affirm that I read, understand and agree to the terms of the Membership Agreement.

Patient's Signature: _____

Date: _____

DISCLAIMER - GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS CLAUSE

I _____, being of lawful age and sound mind, do now release, acquit, and forever discharge **OCMEDS** herein referred to as owner, of **OCMEDS** from 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 **OCMEDS**. In witness whereof, I have executed this release in California. I further agree to indemnify and hold harmless **OCMEDS** from any injuries or damages resulting from use or misuse of medical marijuana obtained from **OCMEDS**.

Signed: _____

Date: _____

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Intake By: (**Office Use Only**) _____

Date: _____