

VETERANS PATIENT GROUP
a California mutual benefit corporation
Membership Agreement

I _____ (print name) do hereby attest and aver under the pains and penalties of perjury that I am a qualified patient as that term is defined by California Law, Health & Safety Code §11362.5 and §11362.7, et seq. I agree, understand and acknowledge that, as specified in California State Senate Bill 420, I am required to read and agree to the following statements to become a member of VETERANS PATIENT GROUP Medical Cooperative, a California mutual benefit corporation, organized and existing as a medical marijuana collective to provide medical marijuana to its members and to provide care-giving services in connection therewith (the “VETERANS PATIENT GROUP Medical Collective”).

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 medical marijuana patient under California Health and Safety Code §§11362.5, 11362.7, et seq., suffering from serious medical conditions and have obtained recommendations, approvals or certifications from a physician duly licensed in California to use medical cannabis, also known colloquially and referred to herein as “medical marijuana”, to treat my serious medical conditions. I agree and acknowledge that I satisfy all conditions and requirements without exception or exclusion as a qualified medical marijuana patient under the provisions of California Health and Safety Code §11362.51, and that I am, therefore, legally able to use, possess, and cultivate cannabis for medical purposes. I hereby designate VETERANS PATIENT GROUP Medical Cooperative as my care provider for the purpose of cultivating and transporting medical marijuana for me. In doing so, I agree to comply with and follow all VETERANS PATIENT GROUP Medical Cooperative, rules and regulations regarding their services as such rules and regulations may change over time and from time to time and specifically including all such rules, regulations and conditions contained in the By-Laws of VETERANS PATIENT GROUP Medical Cooperative.

2. As a qualified medical marijuana patient under California law, I choose to associate collectively or cooperatively with others and to designate VETERANS PATIENT GROUP Medical Cooperative, and their officers, agents, employees and agents as my true and lawful agents for the purpose of assisting in cultivating and transporting medical marijuana. I agree, acknowledge and understand this means that VETERANS PATIENT GROUP Medical Cooperative, may be required to cultivate, purchase, possess, transport, and distribute my medication to me for my benefit and on my behalf, and I grant them the authority, jointly and severally, to do so. I further authorize VETERANS PATIENT GROUP Medical Cooperative to share their primary caregiver status of my person in order to enter into contracts to obtain, cultivate or prepare medication and edibles for my benefit. All members of our medical marijuana collective will contribute labor, funds, or materials, and all will receive medicine. I am joining this collective in accordance with California Health and Safety Code Section 11362.775, which states:

“Qualified patients, persons with valid identification cards, and the designated primary caregivers of qualified patients and persons with identification cards, who associate within the State of California in order collectively or cooperatively to cultivate marijuana for medical purposes, shall not solely on the basis of that fact be subject to state criminal sanctions under Section 11357, 11358, 11359, 11360, 11366, 11366.5, or 11570.”

3. I also agree to pay all personal out-of-pocket expenses and reasonable compensation for VETERANS PATIENT GROUP] Medical Cooperative’s member services.

4. By initialing next to each statement or agreement specified below, I hereby attest, state, aver, declare, agree and acknowledge under the pains and penalties of perjury under the laws of the State of California as follows:

_____ 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, 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 understand that VETERANS PATIENT GROUP Medical Cooperative is a nonprofit mutual benefit corporation organized under the Nonprofit Mutual Benefit Corporation Law, organized and operating as a collective of qualified patients who have voluntarily joined together to share resources and cultivate and transport medical marijuana for to treat the respective medical condition(s) of its members. As a qualified patient under California law, I choose to become a member of VETERANS PATIENT GROUP Medical Cooperative for these purposes.

_____ I understand, agree and acknowledge VETERANS PATIENT GROUP Medical Cooperative was established to provide a professionally administered and legally-structured collective for the benefit of all its members as well as respect the discreet nature of membership.

_____ As a member, I appoint and designate VETERANS PATIENT GROUP Medical Cooperative, and their representatives, as my true and lawful agents for the limited purpose of assisting in cultivating and transporting medical marijuana and to take any and al such actions as may be required to cultivate, purchase, possess, transport, and distribute my medication to me.

_____ I understand, agree and acknowledge that VETERANS PATIENT GROUP Medical Cooperative adheres strictly to all laws, rules and regulations and guidelines applicable to the cultivation, possession, transportation, and use of medical marijuana in California. I agree to take no action or refrain from taking any action that does not fully and timely comply with any such laws, rules, regulations and guidelines.

_____ I understand, agree and acknowledge that VETERANS PATIENT GROUP Medical Cooperative has other members with similar membership agreements, and I hereby authorize VETERANS PATIENT GROUP Medical Cooperative 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, agree and acknowledge that all donations made to VETERANS PATIENT GROUP Medical Cooperative are to be used to reimburse for actual expenses and costs for the administration and operation of the collective.

_____ I understand, agree and acknowledge, agree and acknowledge that 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 to only use the medical marijuana provided to me through VETERANS PATIENT GROUP Medical Cooperative for personal use and purposes to treat my medical condition and that I will not sell, distribute, or gift any medical marijuana I obtain through VETERANS PATIENT GROUP Medical Cooperative.

_____ I agree to contact VETERANS PATIENT GROUP Medical Cooperative 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 agree that either I or VETERANS PATIENT GROUP Medical Cooperative may terminate the Agreement at any time in writing to the other, 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.

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

6. I hereby consent to the benefits provided by VETERANS PATIENT GROUP Medical Cooperative I agree and acknowledge that the VETERANS PATIENT GROUP Medical Cooperative 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 VETERANS PATIENT GROUP Medical Cooperative that I should continue to seek professional medical advice prior to and during my use of any cannabis product I may acquire through VETERANS PATIENT GROUP Medical Cooperative

7. I understand that the VETERANS PATIENT GROUP Medical Cooperative was organized to fill the necessity of cultivating and transporting medical

cannabis in compliance with California law. 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 VETERANS PATIENT GROUP Medical Cooperative reserves the right to refuse service(s) to members.

8. I agree, understand and acknowledge that medical marijuana, while being a well-known effective therapeutic agent, is still illegal in this country. Therefore, by signing this form, that I am committing an act and intending to engage in conduct which illegal under federal laws.

9. I authorize the VETERANS PATIENT GROUP Medical Cooperative to acknowledge the fact of my membership, when needed, for the preservation of my medical rights under the Compassionate use Act of 1996.

10. I, being of lawful age and sound mind, do hereby release, acquit, and forever discharge VETERANS PATIENT GROUP Medical Cooperative, and its officers, employees, directors, agents, successors and assigns herein from all actions, claims, demands, or damages accruing, incurred or suffered by me from any known or unknown injury, loss, claim or damage sustained by or to me. This release shall remain in force and run concurrently with my membership in VETERANS PATIENT GROUP Medical Cooperative and shall survive the termination of my membership in VETERANS PATIENT GROUP Medical Cooperative. I further agree to indemnify and hold harmless VETERANS PATIENT GROUP Medical Cooperative from any injuries, claims or damages and including attorney's fees and expenses resulting from my use or misuse of medical marijuana obtained from VETERANS PATIENT GROUP Medical Cooperative, and specifically from a breach of any of my duties or obligations under this Agreement or should and understanding, consent or acknowledgement be deemed untrue in whole or part.

11. I agree, understand and acknowledge that this Membership agreement is a legal documents creating certain duties and obligations on my part, waiving certain legal rights that I may, otherwise, have had, and require me to indemnify and hold harmless VETERANS PATIENT GROUP Medical Cooperative, under certain circumstances. As such, I have been advised by VETERANS PATIENT GROUP Medical Cooperative, to have this document reviewed by legal counsel chosen solely by me prior to signing same. By signing below, I do hereby agree and acknowledge that I have taken all such actions as I deem necessary by me in connection therewith.

Witness the execution hereof under seal as of the day and date written below, and that I hereby affirm that I read, understand and agree to the terms of the Membership Agreement.

Patient's Signature: _____

Date: _____

WITNESS: _____

Date: _____