

**MEMBERSHIP AGREEMENT  
GOLDEN STATE CANNABIS COLLECTIVE**

**A NON-PROFIT MUTUAL BENEFIT CORPORATION**

As a qualified patient protected by California Law, Health & Safety Code §11362.5 and §11362.7, et seq., and, in conjunction with California Health & Safety Code §11362.775, you are required to read and agree to the following statements to become a member of the **GOLDEN STATE CANNABIS COLLECTIVE, A NON-PROFIT MUTUAL BENEFIT CORPORATION** (“The Collective”).

I, *[yourname]*

hereby declare and agree as follows:

**Article 1.** I am a qualified patient entitled to the protection of California Health & Safety Code §11362.5, et seq., because my physician has recommended and approved my use of cannabis for medical purposes.

**Article 2.** I agree and understand that all medicine obtained is for medical use only and may not be diverted for nonmedical use or for use by a non-member of the Collective. I understand that it is a violation of this agreement and of California law to sell or divert my medicine in any way and for any reason to any other person and a violation of this section will result in immediate revocation of my membership in the Collective.

**Article 3.** As a member of the Collective, I recognize that there are risks inherent in the use of medical cannabis. While the Collective takes every reasonable precaution to assure the quality, purity and effectiveness of the medical cannabis, the Collective makes no warranties or representations as to the quality, purity and effectiveness of the medical cannabis. I understand that the Collective is not responsible for the effects and makes no representation or warranties, express or implied, with regard to the safety, effect of efficacy of the medical cannabis I may obtain from the Collective when used by itself or with other medicine.

**Article 4.** I hereby release, waive and discharge the Collective, including its officers, agents, employees, managers, independent contractors, parent organization, subsidiaries, affiliates and other personnel (“Releasees”) from and agree and covenant not to sue Releasees for any claim, liability, or demand of any kind or on account of any personal injury, temporary or permanent disability, death, property damage, or other damages, whether caused by the negligence of Releasees or otherwise, resulting from or in any way associated with my presence on the premises Collective’s facilities, amenities, or services.

**Article 5.** I hereby authorize the release of my medical information concerning my diagnosis, condition or prognosis to the Collective and its authorized representatives for purposes of verifying the validity of my medical recommendation and the valid operation of the Collective pursuant to the Compassionate Use Act and Medical Marijuana Program Act.

**BY CHECKING THE “I AGREE TO THE TERMS OF SERVICE” CHECKBOX, I DECLARE AND AGREE TO ALL OF THE ARTICLES STATED ABOVE:**

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