

COLLECTIVE MEMBERSHIP APPLICATION AND AGREEMENT

OC COMPASSIONATE CARE

A California Nonprofit Mutual Benefit Corporation

I _____, resident of the County of Orange hereby state that as a qualified patient or a primary caregiver who has received a valid physician’s recommendation for the use of medical marijuana in accordance with the California Health and Safety Code § 11362.5 (“Proposition 215” or “Compassionate Use Act of 1996”) and Article 2.5, commencing with Section 11362.7, to Chapter 6 of Division 10 of the California Health and Safety Code (“SB 420”), wish to voluntarily join and become a member of OC COMPASSIONATE CARE (the “Collective”) and agree to follow the terms and conditions as set forth in this agreement.

1. I hereby declare under the penalty of perjury under the laws of the State of California that a medical doctor recommended or approved my use of medical marijuana for an illness for which cannabis provides relief in accordance with the Compassionate Use Act of 1996 and SB 420.

Patient/Member Initials: _____

2. As a member, I hereby appoint and designate the Collective and their representatives, as any true and lawful agents for the limited purpose of assisting me in obtaining my legally prescribed medical marijuana. I understand that this means that the Collective will be required to possess, purchase, cultivate, transport and/or distribute medical marijuana exclusively for member qualified patients or primary caregivers. Therefore, I grant the Collective’s management and other fellow members the limited authority to engage in the afore-mentioned tasks. I further agree and authorize the Collective and its members to use information relating to my status as a qualified patient as use of such information is reasonably necessary for providing my medical marijuana for my medical benefit as a qualified patient.

Patient/Member Initials: _____

3. I authorize the Collective to create and/or assign agency rights in its own name for the purpose of growing marijuana for my personal medical reasons as well as for the medical benefit of other members of the Collective.

Patient/Member Initials: _____

4. As a member, I understand that the Collective has other members who have joined and agreed to uphold the Collective’s rules and spirit by, among other things, signing a similar membership agreement. I hereby authorize the Collective to possess the medical marijuana as described under this agreement jointly with other members of the

Collective under similar agreements. I agree that the medical marijuana possessed by the Collective is at any time the collective property of every patient who has joined the Collective, subject to the Collective's rules and guidelines established by and for the Collective for handling medical marijuana for the benefit of member patients.

Patient/Member Initials: _____

5. I agree to pay to the Collective all personal out-of-pocket expenses and reasonable compensation for services related to providing medical marijuana to me and other member patients.

Patient/Member Initials: _____

6. I hereby verify that I am a resident of California and my personal medical marijuana will not be taken out of the State of California. I further verify and agree that medical marijuana shall not be shared, sold, bartered, traded, exchanged or delivered by any means to any other person for medical or other reasons. I understand that diversion of medical marijuana for non-medical purposes and/or to other individuals shall be grounds for the immediate termination of my membership. I also agree to request amounts of medicine strictly for my medical personal use at reasonably necessary intervals.

Patient/Member Initials: _____

7. I agree to possess my original, or true and correct copy, of my physician's recommendation, when I am on the property used by or belonging to the Collective. I understand that my failing to do so may result in the termination of membership and that verbal recommendations from physicians will not be accepted. I hereby agree to all future changes of the Collective's policies as the laws relating to access to medical marijuana might change. I further agree to provide the Collective with all changes relating to my contact information as well as my status as a qualified patient.

Patient/Member Initials: _____

8. I understand and agree that adherence to the rules of the Collective is the collective responsibility of all patient members, including myself. I agree that any violation of the terms of this Agreement or any other Collective member rules are grounds for the immediate termination of my membership.

Patient/Member Initials: _____

9. I understand and agree that while medical cannabis has been authorized by both the people of the State of California and its legislature, and consistently upheld by all California courts, the Federal Government persists in enforcing portions of the Controlled Substances Act, which makes the possession and use of medical cannabis a federal crime.

I hereby certified that I have been advised by an authorized agent of the Collective that possession and use of marijuana for medical purposes might be grounds for prosecution under federal law.

Patient/Member Initials: _____

10. I understand and agree that any edible products I purchase from the Collective have been made by members of the Collective but that, due to the current state of the laws in California and the County in which the Collective is operating, said edibles have been made in private kitchens that are not Certified Commercial Kitchens under California law. In addition, said edibles have been produced in kitchens by members that do not have a Cottage Food Operation permit.

Patient/Member Initials: _____

11. I have read over this entire Collective Membership Application and Agreement and certify that an authorized agent of the Collective has personally gone over and explained fully to me each paragraph of this agreement and that I have been provided a copy of this agreement.

Patient/Member Initials: _____

12. By joining OC COMPASSIONATE CARE, all patients hereby agree to indemnify and hold harmless OC COMPASSIONATE CARE from all alleged wrongdoing which may be the fruit of undercover investigations conducted by the patient during their membership with OC COMPASSIONATE CARE. Any undercover officers, narcotics investigators with or without identification who join the collective and obtain information about the collective's activities hereby acknowledge to relinquish all information and agree that said information may not be used in a court of law to support any testimonial evidence by the member/officer.

All new patients hereby agree that they have no associations with any law enforcement agencies or entities, and hereby agree not to mislead OC COMPASSIONATE CARE by failing to admit that the new member is an undercover officer.

All officers and law enforcement agents who pose as an undercover officer or not, hereby agree that all criminal evidence discovered as a result of the officer being a member of OC COMPASSIONATE CARE is irrelevant here and inadmissible evidence in either a civil or criminal court setting. For the purposes of this section, all undercover investigations means all evidence and witness information derived from the undercover officers posing as a new patient, including but not limited to any patients who may be informants, in witness protection programs, patients possessing fraudulent documents, licenses, or posing as sales reps or producers

Patient/Member Initials: _____

OC COMPASSIONATE CARE VOLUNTARY CULTIVATION PROGRAM

OC COMPASSIONATE CARE understands that, for one reason or another, not all of its members can participate in the cultivation of the collective's medical marijuana. Therefore, OC COMPASSIONATE CARE does not require its members to participate in the cultivation process. However, we do encourage and request that its members participate in the cultivation process, if they so desire and if they have any skills, time, knowledge or resources that can help the collective in its cultivation process. With this in mind, please answer the following questions:

13. I would / would not (circle one) like to participate in the cultivation of our collective's medical marijuana.

14. If you do not wish to participate in the cultivation process, are there any other skills, time, knowledge or resources you possess which you would like to contribute?

I hereby affirm that I have read, understand and agree to the terms of the OC COMPASSIONATE CARE Agreement. Further, I declare under the penalty of perjury that the above is true and correct to the best of my knowledge.

Executed on this _____ day of _____, in the County of _____
Orange _____, State of California.

Patient/Member Name (Print): _____

Patient/Member Signature: _____

Optional Contact Information:

Would you like to receive electronic notification of news, promotions, specials, discounts, ect.?

Patient Email (optional) : _____

Patient Phone number (optional) : _____

Would you be willing to testify in Court if the Collective or any of its members were charged for criminal offenses relating to the cultivation, possession or transportation of medical marijuana? _____ yes _____ no

Authorized Collective Agent Signature: _____