

**SHANGRI-LA CARE COOPERATIVE, INC.**

**Membership Registration Form**

--- Please print clearly to avoid errors ---

**Membership #:** (Office Assigned) \_\_\_\_\_

**Username:** (Office Assigned) \_\_\_\_\_

**Password:** (Office Assigned) \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**CA Drivers License or ID Number:** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Date Of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I have read and understand the Cooperative's bylaws, rules and/or guidelines and consent to joining this Cooperative. I certify under penalty of perjury that:

1. I have the right to obtain and use cannabis for medical purposes where that medical use has been deemed appropriate and has been recommended and/or approved by a California physician who has determined that my health would benefit from the use of cannabis in the treatment of cancer, anorexia, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which cannabis provides relief;
2. I am qualified medical cannabis patient who is entitled to the protections of California Health and Safety Code sections 11362.5 and 11362.7 et seq.;
3. A true and correct copy of my physician's recommendation and/or approval for the medical use of cannabis is attached hereto;
4. As a qualified medical cannabis patient under the Compassionate Use Act, and the Medical Marijuana Program Act, I intend to associate with the members of this Cooperative in order collectively to cultivate cannabis for medical purposes pursuant to the Medical Marijuana Program Act which includes, in part, California Health & Safety Code section 11362.775 and section 1(b)(3) of the uncodified portion of the Medical Marijuana Program Act, which was enacted by the People of the State of California, in part, in order to promote uniform and consistent application of the Compassionate Use Act among the counties within California, and to enhance access of patients and caregivers to medical cannabis through collective and/or cooperative cultivation projects;
5. As a member of this Cooperative, I understand and agree that each and every member of this Cooperative will contribute labor, funds, supplies, services and/or materials towards the cultivation and/or procurement of medical cannabis;
6. That the Cooperative may also provide a means for facilitating and/or coordinating transactions between members, while excluding all non-members from any exchanges, reimbursements, provisions, remunerations or any other transaction that involves medical cannabis;
7. That none of the members of this Cooperative shall profit from the sale or distribution of medical cannabis;
8. That the Cooperative shall only acquire cannabis from its constituent members because only cannabis grown by a qualified patients or his or her primary caregiver may lawfully be transported by, or distributed to, other members of the Cooperative;
9. That the Cooperative may allocate medical cannabis to other members of the group, and that nothing allows cannabis to be distributed and/or allocated outside the Cooperative and its members;
10. That the cannabis grown for this Cooperative shall be:
  - a. Provided free to qualified patients and primary caregivers who are members of this Cooperative;
  - b. Provided in exchange for services rendered to the Cooperative;
  - c. Allocated based on fees that are reasonably calculated to cover overhead costs and operating expenses;or

- d. Any combination of the above;
- 11. This Cooperative is formed in accordance with California Health & Safety Code section 11362.775, as well as under any and all California state laws that may provide said Cooperative and its members relief set forth in said statute;
- 12. That this Cooperative collectively cultivates medical cannabis for all members, thus it will possess and/or cultivate enough medical cannabis to meet the aggregate needs of all of its qualified patient members;
- 13. The information I provided is true and accurate;
- 14. I did not obtain my recommendation for the use of medical cannabis by fraud or misrepresentation;
- 15. I am not seeking membership for any fraudulent or law enforcement purpose;
- 16. I will abide by the Cooperative's bylaws, rules and/or guidelines;
- 17. I agree that when called upon, I will defend the legal operation of the Cooperative to the best of my abilities; and
- 18. I will not distribute medicine received here to any other person that is not a member of the Cooperative nor use it for non-medical purposes.

I hereby appoint Jeffrey D. Kroll / Heather Balaam / Robert J. Hoffman (circle one) as my proxy to attend the meeting of the members of the Cooperative on all dates and time, and to represent, vote, execute, consent, waive and otherwise act for the undersigned in the same manner and with the same effect as if the undersigned were personally present at said meeting.

I hereby assign to the Cooperative exclusively my right to cultivate medical marijuana for my personal use until such assignment is revoked in writing by me.

I authorize my recommending physician to verify his or her recommendation or approval for the use of medical marijuana.

I am Primary Caregiver for registered member \_\_\_\_\_  
*(please check if applicable)*

X \_\_\_\_\_  
**New Member Signature** **Date**

Complete this section only if you already have a medical cannabis ID card issued by a county health department or other agency pursuant to California Health & Safety Code §11356.7, et seq. (SB-420, 2003).

**ID card issued by:** \_\_\_\_\_

**ID card number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

***\*Staff Use Only***

Recommendation verified by: \_\_\_\_\_

Database ID No. \_\_\_\_\_ Date of verification \_\_\_\_\_

**SHANGRI LA CARE COOPERATIVE, INC. MEMBER TERMS AND CONDITIONS**

As express conditions to (a) becoming a member of Shangri La Care Cooperative, Inc. ("Cooperative"), (b) entering the Cooperative's facility, and/or (c) obtaining medical cannabis, or any other product, herb, food, oil, or concentrate (collectively, "Cannabis Products") from the Cooperative, the undersigned for himself/herself, his/her heirs, agents, representatives, and assigns, hereby irrevocably and forever releases and discharges, waives, relinquishes, quitclaims, settles and forgives all rights, interests, claims, demands, causes of action or chooses in action of whatsoever kind or nature, whether absolute, contingent, known, unknown, suspected or otherwise, and whether now existing or arising in the future, which they may now or hereafter have against the Cooperative, its members, officers, employees, agents, representatives, assigns, landlords, operators, managers, attorneys, growers, providers, wholesalers, and other members arising from or in any way related to:

1. The undersigned's use of any Cannabis Products obtained from the Cooperative;
2. The strength, potency, purity, toxicity, appropriateness for your condition of any Cannabis Products obtained from the Cooperative;
3. The undersigned's storage or handling of Cannabis Products obtained from the Cooperative.

It is the intention of the undersigned that these Terms and Conditions shall be given full force and effect in accordance with each and all of the terms and provisions hereof, with respect to all claims, demands and causes of action which are subject to the provisions of paragraph and subparagraphs above, including, without limitation, all unknown or unsuspected claims, demands and causes of action, if any, and, in this regard, and without limiting the generality of any other term or provision hereof, the undersigned on behalf of his/her heirs, agents, representatives, and assign, does hereby expressly and irrevocably waive the provisions of California Civil Code Section 1542, and all of the rights and benefits conferred thereby, which provides as follows:

**"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known must have materially affected his settlement with the debtor."**

**AS EXPRESS CONDITIONS TO (A) BECOMING A MEMBER OF THE COLLECTIVE , (B) ENTERING THE COLLECTIVE'S FACILITY, AND/OR (C) OBTAINING CANNABIS PRODUCTS FROM THE COLLECTIVE, THE UNDERSIGNED FOR HIMSELF/HERSELF, HIS/HER HEIRS, AGENTS, REPRESENTATIVES, AND ASSIGNS, HEREBY IRREVOCABLY AND FOREVER WAIVES AND DISCLAIM THE WARRANTY OF MERCHANTABILITY AND THE WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE.**

KEEP MEDICINE FAR, FAR AWAY FROM CHILDREN OR ANYONE ELSE, UNDER LOCK AND KEY. ANY DEVIATION FROM THIS RULE IS DONE AT THE SOLE RISK AND RESPONSIBILITY OF THE PATIENT.

Any Cannabis Products obtained the Cooperative's facility may be inspected prior to leaving the facility, however since medical purity so requires, all transactions are final. The Cannabis Products are offered solely on an AS IS basis with no warranty whatsoever.

I agree to these Terms and Conditions.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name