



## Membership Form

### Patient's Information:

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

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

CannAssist ID#: \_\_\_\_\_ 24 hr Verification #: \_\_\_\_\_

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### How did you hear about us?

WeedMaps   Friend   Facebook   Twitter   Google   Website

Other: \_\_\_\_\_

### Can we E-mail or Text Message you deals, and promotions?

Yes  No  Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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### Membership Agreement

By signing this agreement you agree that you are responsible for following these guidelines. If you do not follow these guidelines, your membership will be terminated and you will be refused service. You agree that you will use marijuana as a medicine, that you will not abuse, transfer, nor sell it to anyone else, and that you will keep it in a safe place, out of the reach of children. You are advised to consult with your doctor as to the dosage and frequency of the medication.

All transactions for medication obtained from us are final; there will be no refunds of any kind.

You understand that marijuana may impair your ability to drive, and operate machinery, and that you should not drive after using marijuana.

You agree not to divert marijuana for non-medical purposes under any circumstance.

Any member of law enforcement who is a patient must disclose this fact before signing this membership agreement, and becoming a member. Otherwise, by signing this agreement you promise, state and affirm, under penalty of perjury, under the laws of the State of California, that you are not a member of, affiliated with, nor employed by any law enforcement department, entity or agency.

we reserve the right to refuse service to anyone, at any time, at our sole discretion, and may terminate membership at our discretion.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_