

# Soul Buds Non-Profit Membership Agreement

In Accordance with Proposition 215, Senate Bill 420, California Health and Safety Code 13382.5, 11362.775:

I, the undersigned, hereby certify that I am a qualified patient suffering from a serious medical condition(s) and have obtained a recommendation from a licensed State of California Doctor to use medicinal cannabis (marijuana) to treat my condition.

As a qualified medical marijuana patient under California Law, I wish to apply for membership for the purposes of associating collectively to cultivate medical marijuana and provide support for that cultivation for our mutual medical collaboration and all other associated legal activities set forth in said Code section(s), or that may be implied from the California Attorney General Guidelines. This also includes supporting a collective association by helping with its expenses.

Members of the medical marijuana collective association may contribute labor, land, transportation, funds, services, or materials, and may be able to acquire cannabis at values set according to the other cumulative services or operational expenses, and/or monetary reimbursement for individual services and expenses, and reimbursement for operational costs. The association is based on a collective association in accordance with California Health and Safety Code section 11362.775, other related statutes, (and the California Attorney General's Guidelines) which Code section 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, 113570.”**

I agree to abide by the California Attorney General's Guidelines (all 11 pages) and I represent that I will abide by those Guidelines and not divert and medical marijuana produced by/or for this collective, to non-medical persons not to medical non-members of this collective. I also understand that if I violate any term or provision of said Guidelines, I may be immediately refused or dismissed as a member with no recourse. The association directors, officers, and/or management have sole discretion to cancel and refuse members. The right to refuse service to anyone at any time is reserved.

I agree to abide by the California Attorney General Guidelines, Proposition 215, Senate Bill 420, California Health and Safety Code 11362.5, 11362.775, and will keep records of my current medical status and contributions. This form is my supporting membership application for membership in Soul Buds Non-Profit Association, Non-profit Mutual Benefit.

Name (print): \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_