

JWC Deliveries, Inc.

Membership Application & Agreement

General Information Member

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CA Driver's License or State ID Number: _____ Expiration: _____ D.O.B: _____

Phone Number: _____

E-mail Address: _____

Recommendation Expiration Date: _____ : _____

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____

JWC Deliveries, Inc. Membership Agreement

It is the policy of JWC Deliveries, Inc. (hereafter referred to as JWC) to update our rules and regulations from time to time to reflect changes in the law. It is your responsibility to keep an up to date recommendation. The following rules & regulations are strictly enforced at all times:

1. I certify under penalty of perjury that the information provided above is true and accurate, and I am not seeking membership for any fraudulent purpose. ___Initials
2. It is understood by all parties that membership in JWC is a privilege and not a right. JWC members must be 18 years or older. _____Initials
3. I am a qualified patient or primary caregiver as defined under California law, and (1) I have obtained a recommendation or approval from a physician currently licensed to practice medicine in the state of California to use medicinal marijuana to treat a serious illness; or (2) I have been designated as the primary caregiver by a qualified patient to provide for that patient's health and well-being.
4. I will not distribute medicine received from JWC to any other person who is not a member of JWC.
5. I will not use the medicinal marijuana obtained from JWC for non-medical purposes.
6. I will not use medicinal marijuana in any public place.
7. Members agree to abide by all requirements and restrictions regarding medical cannabis as set forth in Proposition 215, SB420, California Health & Safety Code sections 11362.5 and 11362.7 et seq. in addition to all local regulations.
8. I authorize my recommending physician to verify his or her recommendation for approval for the use of medicinal marijuana.
9. I authorize JWC and its members to process, store, possess, transport and dispense medicinal marijuana for my medical needs.
10. Members are allowed TWO (2) medical cannabis purchases.
11. Except for JWC staff and management the operation of cell phones, recording devices and cameras is strictly prohibited during medical cannabis transactions.

I have read and understand the rules and guidelines and consent to joining this Collective. Members must NOT bring any weapons or anything that can be used as a weapon to any JWC meeting or transaction. Pocket knives, tools etc. must not be in your possession for any JWC meeting or transaction.

Members agree NOT to operate motor vehicles or other mechanical devices while medicated. I authorize JWC to grow medicine on my behalf and for the Collective in accordance with all state and local laws. _____Initials

I being of lawful age and sound mind, do hereby releases, acquit, and forever discharge JWC Deliveries, Inc. its members and managers of all actions, claims, demands or damages accruing to me from any known or unknown injury, loss, or damage sustained by or to me. This release shall remain in force and run concurrently with my membership in JWC Deliveries, Inc. In witness whereof, I have executed this release in California. I further agree to indemnify and hold harmless JWC Deliveries, Inc. from any injuries or damaged resulting from use or misuse of medical marijuana obtained from JWC Deliveries, Inc. _____Initial

X _____ Member Signature _____ Date