**MEMBERSHIP APPLICATION**

(Check one box) FOR PATIENT [ ] CAREGIVER [ ]

 **MITCH’S DELIVERY COOPERATIVE, INC. A CALIFORNIA COOPERATIVE CORPORATION**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I DECLARE THAT I AM A VALID CANNABIS PATIENT AND SUBMIT THIS APPLICATION TO JOIN THE MITCH’S DELIVERY COOPERATIVE, INC.**

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of applicant

NAME OF DOCTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTOR’S ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTOR’S TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I HEREBY AUTHORIZE MY RECOMMENDING PHYSICIAN TO VERIFY MY RECOMMENDATION OR APPROVAL FOR THE USE OF MEDICAL CANNABIS TO MITCH’S DELIVERY COOPERATIVE , INC. AND ITS AGENTS**

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of patient-member

 FOR STAFF USE ONLY

[ ] member’s recommendation verified (staff initials) [ ]

[ ] application approved (staff initials) [ ]

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MITCH’S DELIVERY COOPERATIVE, INC.

**A California Cooperative Corporation**

 **Membership Terms and Conditions**

I have read and understand the Cooperative’s bylaws, rules and/or guidelines and consent to joining this Cooperative. I understand and agree that: 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.

1. I am qualified medical cannabis patients who is entitled to the protections of California Health and Safety Code sections 11362.5 and 11362.7 et seq.;
2. A true and correct copy of my physician’s recommendation and/or approval for the medical use of cannabis has been provided to the Cooperative;
3. 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 to cooperatively cultivate cannabis for medical purposes pursuant to the Medical Marijuana Program;
4. As a member of this Cooperative, I understand and agree that each and every member of this Cooperative will have the right to contribute either labor, funds, supplies, services and/or materials towards the cultivation and/or procurement of medical cannabis;
5. 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;
6. None of the members of this Cooperative shall profit from the sale or distribution of medical cannabis;
7. 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;
8. The Cooperative may allocate medical cannabis to other members of the Cooperative, and that nothing allows cannabis to be distributed and/or allocated outside the Cooperative and its members;
9. The cannabis grown for this Cooperative shall be allocated based on reimbursement or patronage reasonably calculated to cover overhead costs and operating expenses;
10. This Cooperative is formed in accordance with California Health & Safety Code section 11362.775;
11. This Cooperative cooperatively 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;
12. The information I provided is true and accurate;
13. I did not obtain my recommendations for the use of medical cannabis by fraud or misrepresentation;
14. I agree to that the Cooperative may use this form to confirm my membership in the Cooperative and to defend the Cooperative’s legal rights in any court of law;
15. 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;
16. I authorize my recommending physician to verify his or her recommendation or approval for the use of medical cannabis to the Cooperative or to law enforcement; and,
17. I hereby appoint the organizing members who run the cooperative 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 agree to these Terms and Conditions.

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