

**The Riverside Collective**  
Qualified Patient Membership Agreement

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

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

Phone/Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

I hereby join and designate "The Riverside Collective," a Collective organized under California H&S Code 1132.5 & 11362.7, and voted into law by California voters as Prop. 215, for the purpose of:

- a. Designating TRC to provide medical cannabis to me.
- b. Joining the care giving facilities as provided by TRC for assistance and support of its qualified patient members.

I represent to TRC that I have a medical condition for which medical cannabis can provide relief and that I possess a current prescriptive recommendation from a licensed medical professional.

I acknowledge that TRC is organized and operated as a Collective in accordance with California law, and that financial contributions which I provide to TRC are obtained in order to assure its continued operation.

Inasmuch as TRC is a Collective, any medical cannabis which it possesses is on behalf of its qualified patient members, and I therefore authorize the pooling of TRC's resources to assist in the legal, safe and healthful provision of medical cannabis.

I further authorize TRC to share information contained and as part of this application with other medical cannabis collectives in order to facilitate my membership in same and upon notice to me at the above address or by e-mail.

I understand that, except as I have permitted herein, my membership application and any additional information which I may provide to TRC shall be kept private and confidential, except as needed to verify my qualifications for membership.

I shall use any medical cannabis provided to me by TRC in accordance with the prescriptive recommendation provided to me by my medical professional(s) and in accordance with California law.

I am acquainted with the benefits and side effects of using medical cannabis, and take full responsibility for decision to use and for my use. I agree that I will not transfer, sell, gift or barter away any medical cannabis provided to me by TRC.

I agree to refrain from consuming any medical cannabis provided to me by TRC within 50 feet of any TRC location or within a motor vehicle, and will designate a driver or obtain alternative means of transportation if I am unable to operate a motor vehicle.

Please keep me informed of TRC events by:  Phone  Fax  E-mail

Referred by: \_\_\_\_\_

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

\_\_\_\_\_  
Signature