W.A.I.D.W.M.L., Inc.
Membership Agreement

Section 1 – General Information

Name:	First	Last	Middle Initial
Address:	Street		Apt. No.
City		State	Zip Code
California Driver's License or ID No.		Date of Birth	Telephone No.

Email address

[ ] Check here to opt out of W.A.I.D.W.M.L., Inc. email list.

Section 2 – (Optional) California Department of Health Services I.D. Card

Card No. Expiration Date

Section 3 – Declaration

1. I am a qualified patient or primary caregiver pursuant to the laws of the State of California with a current recommendation from a licensed physician.
2. I acknowledge that I am joining W.A.I.D.W.M.L., Inc. to be part of a not-for-profit, closed-loop collective of qualified patients and primary caregivers who are associating to cultivate, exchange, and distribute medical marijuana.
3. I acknowledge that I can contribute to this project in many ways, including by reimbursing W.A.I.D.W.M.L., Inc. for its costs and expenses. I further acknowledge that as a member of W.A.I.D.W.M.L., Inc., I am permitted to participate in its governance.
4. I certify under the penalty of perjury that the information provided on this agreement is true and accurate and that I am not seeking membership in W.A.I.D.W.M.L., Inc. for any fraudulent purpose.
5. I will not distribute any medicine received from W.A.I.D.W.M.L., Inc. to any other person, and I shall use it for medical purposes only.
6. I authorize my recommending physician to verify his or her recommendation, authorization or approval for my use of medical cannabis.

Member Signature Date

W.A.I.D.W.M.L., Inc. Representative Date

A COPY OF THIS AGREEMENT SHALL BE FURNISHED UPON REQUEST