



Member Policies Agreement

Peace in Medicine believes each member acts as an ambassador for our entire collective as well as the medical cannabis community. We want our fellow members to feel cared for, to be recognized as important members of society and to leave our facility inspired to be a positive voice for medical cannabis.

We have developed these policies to maintain strong relationships with our surrounding neighborhood and ensure that all our members are treated with respect and dignity. Each member is required to comply with these policies and Peace in Medicine reserves the right to terminate membership for any violations with no warnings or second chances.

1. Member agrees to turn phones, video gaming devices, or other electronics to “silent” or “vibrate”, and to refrain from making or receiving calls while in the building.
2. Member agrees that they will not use any electronic communication or recording devices **while in the dispensing area.**
3. Members **may not take photographs or record video** or audio on the premises without consent from an authorized agent.
4. Members are required to carry valid, government issued, **identification** and proof of their status as a valid California **medical patient** or **qualified caregiver** whenever they are visiting the dispensary or events.
5. All medicine obtained through the dispensary is for the personal medical use of the patient member and may **not be resold or distributed** under any circumstances.
6. Purchases will not exceed the **limits** designated as **personal consumption** for the qualified patient regardless of the number of caregivers.
7. Members are to be **respectful of the neighborhood** where the dispensary is located. No loitering, loud music, littering, posting, flyering or soliciting is allowed on the dispensary premises or within the parking area.
8. Members and staff are to treat each other with **respect** and **courtesy** at all times. Offensive, abusive and/or threatening language and/or behavior is prohibited.
9. Members are not to bring and/or use **alcohol, illegal drugs, or weapons** inside or around the premises of the dispensary.
10. Members are not to misrepresent Peace in Medicine by **posting stickers**, posters, or any other dispensary materials in any public spaces.
11. You must be at least **eighteen (18)** years old and have government issued identification to access dispensary services.
12. Only qualified patients or their caregivers are **permitted** within the dispensary area of Peace in Medicine.
13. **We invite all guests** to wait in our lobby as each member is responsible for guest behavior inside and outside the building.
14. **No consumption** of cannabis is allowed within the dispensary property and overall premises.
15. Members are limited to **one dispensary visit** per day at the Sebastopol location.
16. Only **qualified service animals** are allowed inside the premises, all other pets are not allowed.
17. For your safety, place all medication and plants **out of sight** before leaving the building.
18. **Please be friendly and support our neighbors with your patronage.**
19. In case of an emergency (law enforcement action, fire, power outage, etc.) stay calm and follow the instructions from the Peace in Medicine staff.

**Peace in Medicine
Collective Member Agreement**



I, _____ (first & last name), by signing this agreement, represent that all of the following statements are true:

I. Purpose; Terms of Use

- a. This agreement delineates the rights, terms and conditions of membership in the Peace in Medicine medical cannabis collective. Peace in Medicine is a medical cannabis dispensary operating pursuant to a license issued by the local jurisdiction.
- b. Peace in Medicine membership is granted on an individual basis and operates subject to this agreement. Membership entitles member or caregiver to access and utilize Peace in Medicine's physical facilities and services during operating hours, subject to posted restrictions that may be amended from time to time.

II. Eligibility for Membership

- a. To be eligible for membership in Peace in Medicine's member collective, the Member must:
 - i. Be a patient or primary caregiver, as defined by CA Health and Safety Code § 11362.5 *et seq*;
 - ii. Be at least 18 years of age at the time of application; and,
 - iii. Possess a valid physician's recommendation for medical cannabis or valid authorization to act as a primary caregiver for a patient in possession of a valid physician's recommendation.

III. Disclosures

a. Collective: Peace in Medicine is a cultivation-collective (pursuant to CA Health & Safety Code § 11362.775) that exists to facilitate the collaborative efforts of member and caregiver members to cultivate and distribute medical cannabis. Peace in Medicine does not purchase marijuana from or sell to non-members, but merely exists to provide a means for facilitating and coordinating transactions between members of the Peace in Medicine collective. Peace in Medicine operates not-for-profit, and the Peace in Medicine collective delegates authority for operation and management of the collective to the corporation's duly appointed or elected Board of Directors.

b. Not-for-Profit Operation - Charitable Giving Policy: In compliance with state and local law, Peace in Medicine operates not-for-profit and collects reimbursements from members for reasonable expenses associated with cultivating and distributing medical cannabis to Peace in Medicine members. Further, Peace in Medicine is dedicated to helping our members and our community by providing subsidized services and other charitable contributions. Peace in Medicine reserves the right to levy a surcharge on transactions between members and the collective to fund these activities. By signing this contract, Member acknowledges and consents to contribute to these efforts. Member acknowledges that Peace in Medicine is not a tax-exempt organization under applicable state or federal revenue codes.

WARNING: Marijuana smoke is a chemical known to the State of California to cause cancer.

IV. Membership Policy Agreement; Use and Verification of Personal Health Information

a. Verification: By signing this membership contract you, the undersigned, understand, acknowledge and agree that Peace in Medicine may use or disclose for verification purposes the contents and authenticity of the recommendation for which the facility has been provided by you in the form of a written recommendation. You acknowledge the authenticity of this document and that the information you have provided and continue to provide to the facility is a faithful representation of the truth to the best of your ability under penalty of perjury. By signing this membership contract you agree that Peace in Medicine or its Affiliate Collective Associates and/or Associations may disclose your voluntarily provided personal health care information, approval and or any paper work provided to Peace in Medicine to the aforementioned recommending physician and or affiliate collective facilities for the purposes of verifying the authenticity of said recommendation.

b. Contact: By signing this agreement the signer agrees to receiving emails, texts, or phone calls regarding their membership or SPARC/PiM related activities on their cell phone, any other phone number provided, and through any other contact provided

V. Member Policy Agreement; Termination

By signing this agreement, Member acknowledges receipt and understanding of Peace in Medicine’s Member Policy Agreement. Member further understands that violation of the Member Policy Agreement may result in immediate termination of membership in the Peace in Medicine collective or other remedies as appropriate. Member acknowledges that Peace in Medicine may, from time to time, amend and update the Policy Agreement, and Peace in Medicine reserves the right to terminate this agreement with any member at any time.

VI. Informed Consent

I acknowledge that Peace in Medicine makes no claims, of any sort, on behalf of any products, services, or treatment protocols for any condition whatsoever (despite overwhelming scientific evidence to the contrary). I understand that I should continue to seek professional medical consultation and monitoring while using any cannabis product.

VII. Waiver; Indemnification

(A) Member Risk. In consideration of services rendered to me by Peace in Medicine, I hereby agree both, for myself and for my heirs, executors and assigns, to hold Peace in Medicine harmless from any loss, theft, cost, claim, injury, damage or liability (“Damages”) incurred as a result of the use of the Peace in Medicine facility or products provided by Peace in Medicine. I have been informed and acknowledge that Peace in Medicine makes no claims as to medical results that can be obtained through use of any Peace in Medicine products and has neither suggested nor will suggest any medical treatment to Members. I understand that cannabis remains a prohibited substance under Federal law and I accept all risk associated with its possession and consumption.

(B) Loss of Property. Members are urged not to bring valuables onto the premises of a Peace in Medicine facility. Peace in Medicine shall not be liable for the disappearance, loss, theft, or damage to personal property, including money, negotiable securities or jewelry of Member.

(C) Acknowledgements. I understand that my monetary contributions to Peace in Medicine, if any, are used to support the continued operation of Peace in Medicine and that this transaction in no way constitutes commercial promotion. I declare that I will not deliver any product obtained from Peace in Medicine to any other person not authorized by California law to possess them.

VIII. Amendments

Member acknowledges that Peace in Medicine reserves the right to amend or update this agreement periodically and will provide proper notice to Member in the event of any change in terms. Any amendment initiated by the Member must be agreed to in a signed writing approved by a director or manager of the collective.

Signatures

Member hereby acknowledges that s/he has read, understood and agreed to all terms and conditions of this agreement.

Peace in Medicine Member Signature

Date

Peace in Medicine Member Printed Name

Intake Form

No personal information will be shared with anyone outside Peace in Medicine Healing Center staff.

Name: _____ Date of Birth: _____

Address (optional): _____

City, State, Zip: _____

(Check all that apply):

- I am a medical cannabis **patient**, as authorized by my doctor.
- I am a legally qualified **caregiver** for: _____

We might need to contact you from time to time, e.g. to remind you of an appointment you have made, or we find something you lost or you requested to be contacted once verification has occurred. Please check the **preferred method of contact**:

- Email: _____
- Phone: _____

I am interested in more information about (check all that apply):

<input type="checkbox"/> Clones and Plants	<input type="checkbox"/> Educational Classes	<input type="checkbox"/> Medical Use Accessories	<input type="checkbox"/> Other Events
<input type="checkbox"/> Concentrates	<input type="checkbox"/> Flowers/Buds	<input type="checkbox"/> Merchandise	<input type="checkbox"/> Tinctures/Transdermals
<input type="checkbox"/> Edibles	<input type="checkbox"/> Holistic Services	<input type="checkbox"/> Non-Cannabis Herbs	<input type="checkbox"/> Web Access
<input type="checkbox"/> CBD Rich	<input type="checkbox"/> New to Cannabis Info		

How did you hear about us?

Referral	Print	Internet	Events	Media
<input type="checkbox"/> Another Member	<input type="checkbox"/> Bohemian/Bay Guardian	<input type="checkbox"/> Facebook	<input type="checkbox"/> ASA Event	<input type="checkbox"/> News coverage e.g. CNN/ Fox News/KRON
<input type="checkbox"/> Dispensary	<input type="checkbox"/> Chronicle/SF Gate	<input type="checkbox"/> Google	<input type="checkbox"/> Conference	<input type="checkbox"/> Radio
<input type="checkbox"/> Doctor's Office	<input type="checkbox"/> Fortune/Newsweek	<input type="checkbox"/> Potlocator	<input type="checkbox"/> Music Festival	<input type="checkbox"/> Other _____
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Sonoma West Times	<input type="checkbox"/> Twitter	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Garden Supply Store	<input type="checkbox"/> Press Democrat	<input type="checkbox"/> Weedtracker		
<input type="checkbox"/> Other _____	<input type="checkbox"/> West Coast Cannabis	<input type="checkbox"/> Weedmaps		
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Yelp		
		<input type="checkbox"/> Other _____		

For Staff Use Only

- Handbook material provided
- Recommendation verified
- Recommendation expiration date _____