



**FRUITRIDGE HEALTH & WELLNESS COLLECTIVE**  
**"A NON-PROFIT CORPORATION"**  
**MEMBERSHIP AGREEMENT**

Membership as a patient or primary caregiver in the Fruitridge Health and Wellness Collective (F.H.W.C.) requires the acknowledgement and acceptance of the terms and conditions outlined below in the Membership Agreement.

F.H.W.C. reserves the right to terminate membership at any time for any violation of the defined terms and conditions of the Membership Agreement.

- Only legally qualified patients as determined by Proposition 215 and SB 420, may register as members of F.H.W.C. and gain access to the dispensary.
- Membership in F.H.W.C. requires a current Dr.'s recommendation and valid State issued ID card or driver's license to be presented at EACH visit.
- No cell phones, PDA's, pagers, cameras or recording devices are allowed on the premises for any reason, please leave them at home.
- No consumption of cannabis is allowed on the property and/or parking areas of F.H.W.C. at any time.
- Any sales, distribution or "sharing" of your medication is a strict violation of the F.H.W.C. terms and conditions and will immediately result in membership termination without warning. No exceptions.
- No alcoholic beverages, illegal drugs or weapons of any kind are permitted on the premises.
- You shall treat all F.H.W.C. staff and members with respect at all times. Offensive or abusive language is not acceptable and may result in termination of membership.
- Members must be at least eighteen (18) years old and provide a State ID or Driver's License as proof. All legally qualified Minors must be accompanied by legal guardian in order to gain membership and access the dispensary services.
- Please keep all medication discreetly stored on your person or in dispensary issued packaging when leaving the building for your safety.
- Members agree to the limits of amounts on medical cannabis in accordance with State and/or Local Law.

I, \_\_\_\_\_, certify by signing below, that I acknowledge and agree to abide by the terms and conditions listed in the Membership Agreement of the F.H.W.C. I understand that my membership may be revoked at any time for any of the above listed terms and conditions, as the F.H.W.C. reserves the right to cancel membership at any time.

I also authorize my recommending physician to verify to F.H.W.C. his/her recommendation for approval to use medical cannabis.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Where did you hear about us?