

**Membership Application into Southern Humboldt Seed Collective for both Cultivator and Non-Cultivator Memberships**

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Cultivator/ Member Applicants:** Initial paragraph below.

I am applying to Southern Humboldt seed collective as a cultivator/member. I believe I have special skills and abilities that may allow me to grow surplus medical cannabis over what I require. Should this occur, I am agreeing to make any and all medical cannabis that I consider surplus available to Southern Humboldt Seed Collective for use by other Southern Humboldt Seed Collective members. I am agreeing to create and maintain policies and procedures to ensure the non-diversion of my medical cannabis onto the illegal market place. I am agreeing that I have protocol in place to ensure that any waste plant matter is disposed of properly and it in a way that shares non-diversion for, by example, composting, or some other means of proper waste disposal. I further agree that by implementing these procedures I am operating under a "closed loop" collective model. I also understand that Southern Humboldt Seed Collective may amend, modify, or expand their protocols to remaining a cultivator/member in good standing, and I am agreeing in advance to implement any additional protocols Southern Humboldt Seed Collective thought important to add. I understand that it is a condition of my membership and Southern Humboldt Seed Collective that I follow these regulations. \_\_\_\_\_ Applicant Initials

**Non-Cultivator/ Member Applicants:** Initial paragraph below.

I am applying to Southern Humboldt see Collective as a non-growing member as I do not feel that I have the interest or abilities to undertake the amount of work that is involved in producing a high quality, safe medical cannabis. I agree as a condition to my membership that I will have a policy of non-diversion of my medical cannabis into the illegal marketplace. I will take steps to store any medical cannabis that I have in a safe and secure manner. \_\_\_\_\_ Applicant Initials

**ALL APPLICANTS:** It is clearly understood that marijuana is still illegal under federal law. Prosecutions are still being made under federal law for marijuana and the State defenses available under State medical marijuana laws provide no defense against these federal laws. You are advised to research marijuana as medicine, and consult your doctor as to dosage and frequency of medication. You are responsible for following those guidelines. You are responsible not to abuse medicine. If we have any indication you are abusing medicine we will refuse service, and your Southern Humboldt Seed Collective membership may be revoked.

As an applicant for membership into Southern Humboldt Seed Collective:

1). I hereby declare that I am qualified medical cannabis patient under the laws of California. I declare that I am a resident of California and that I intend to remain a resident of California throughout the term of my membership in Southern Humboldt Seed Collective.

2). I declare that I have a current, valid physician’s recommendation for medical cannabis, and that I do in fact have a medical condition that medical cannabis has been shown to provide relief for.

3). I agree to provide an original copy of my current physician’s recommendation, as well as another valid form of identification with a photograph, to Southern Humboldt Seed Collective for copying and filing in their membership records. I understand that this medical information will be handled in a confidential manner.

4). I declare that I will implement my own policies at home, the office, the car, wherever I am or travel to within California, that will ensure that my medical cannabis does not get onto then illegal market, nor will it get into the hands of minors. I agree to handle my medical cannabis as I would any other prescription medicine prescribed by a doctor, knowing that these same medicines can be very dangerous to a person for whom they are not recommended or prescribed.

5). I understand that the use of medical cannabis may impair my ability to drive, or to use machinery.

6). I understand my contributions for medicine I may acquire from Southern Humboldt Seed Collective are used to ensure continued operation and that this transaction in no way constitutes commercial promotion of illegal marijuana. The monies I may pay or work that I do in the production of the medical cannabis are to help the Collective to continue to operate, and the associated costs and expenses of providing its members with medical marijuana for their medical needs.

7). Any other conditions of membership, or work assignments as a condition of Southern Humboldt Seed Collective memberships-Please write any special tasks, or requirements here:

I agree to all of the above terms and conditions of membership into Southern Humboldt Seed Collective.

\_\_\_\_\_  
Signature Date

Below Line for The Humboldt County Collective Administrative Staff only

Verification of Applicant’s Physician’s recommendation: Expiration date:\_\_\_\_\_

Physician’s recommendation verified by: \_\_\_\_\_

Date of Verification: \_\_\_\_\_

Method of verification: \_\_\_\_\_

Spoke with whom regarding verification: \_\_\_\_\_

Photo copy of Physicians Recommendation and photo ID attached: (circle when completed) Yes

Applicant accepted for membership into Southern Humboldt Seed Collective

Yes No If Membership is denied, Why? \_\_\_\_\_

