Letter of Agreement establishing a
California Association of Qualified Patients.

Part 1: Name: ____________________________________________________________
shall hereafter referred to as “the collective.”

Part 2: Foundation: The collective is founded in accordance with California SB 420, Health and Safety Code 11362.775: “Qualified patients, persons with valid identification cards, and the designated primary caregivers of qualified patients and persons with identification cards, who associate within the State of California in order collectively or cooperatively to cultivate marijuana for medical purposes, shall not solely on the basis of that fact be subject to state criminal sanctions under Section 11357, 11358, 11359, 11360, 11366, 11366.5, or 11570.”

Part 3: Structure: The collective is a voluntary, non-exclusive membership association with a governing administrative board drawn from its members. The board shall make executive decisions regarding day-to-day operations. Members enjoy the benefits of the collective as a consistent source from which to obtain cannabis for lawful medical use. Members are authorized to cultivate and provide cannabis within the collective.

Part 4: Membership: Every member of the collective shall have a current and verified California physician’s letter of recommendation or approval on file to document and confer legal immunity. Copies of members’ most current qualifying letters shall be retained, but no supporting medical documents. All medical records are held in strict confidentiality.

Part 5: Informed Consent: (Print name) ______________________________________
I am a qualified patient under HS 11362.5 (Prop 215). I have read and agree to the terms of membership in the collective association, as outlined above.

_________________________________________   ____________________________
Signature                                                                 Date

☐ Membership approved.   ☐ Unable to verify recommendation.

_________________________________________   ____________________________
On behalf of the collective                                                    Date

_________________________________________   ____________________________
Print name                                                                      Print name