

**For Office Use**  
Intake performed by:  
Date:  
Member Number:



## BBMDS Group, Inc. / Blue Bird Delivery

*A California non-profit mutual benefit corporation*

### **Non-Voting Membership Agreement**

Please fill out all information to the best of your ability. If unsure, please leave blank and a BBMDS Group, Inc. / Blue Bird Delivery representative will assist you.

\_\_\_\_\_

Last Name	First Name	Middle Name
-----------	------------	-------------

(\_\_\_\_) \_\_\_\_\_

Telephone Number	Cell Phone Provider (if yes below)	Email Address <small>optional</small>
------------------	------------------------------------	---------------------------------------

**YES/ NO** (circle one) It is (not) ok for us to contact you via text messaging with specials, daily deals, and other offers. If yes please provide your cell phone carrier above. Thank you.

Ca Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yy)

Physicians' Name \_\_\_\_\_ Physicians' License # \_\_\_\_\_

Physicians' Office Address \_\_\_\_\_

Street Address	City
----------------	------

Physicians Office # \_\_\_\_\_ Date of Last Visit \_\_\_\_\_ (mm/dd/yy)

Recommendation Expiration Date \_\_\_\_\_ (mm/dd/yy)

Verification # \_\_\_\_\_ Verification URL www. \_\_\_\_\_

**For Office Use**  
Intake performed by:  
Date:  
Member Number:

***Please understand that these rules are for your protection, as well as ours. Please read the following statements and sign the bottom of this form confirming that you have read each of the statements and understand them.***

As a qualified patient protected by California Law, Health & Safety Code §11362.5 and §11362.7, et seq., and, in conjunction with California State Senate Bill 420, you are required to read and agree to the following statements to become a member of BBMDS Group, Inc. / Blue Bird Delivery.

1. I hereby declare that I am over eighteen (18) years of age and a qualified patient under CA H&S Code §§113 62.5, 11362.7, et seq., and my doctor has recommended, prescribed and approved my use of medical cannabis. As per CA H&S Code §11362.51, I am legally able to use, possess, and cultivate cannabis for medical purposes.
2. I hereby designate BBMDS Group, Inc. / Blue Bird Delivery as my care provider for this purpose. In doing so, I agree to sign and follow all BBMDS Group, Inc. / Blue Bird Delivery rules and regulations regarding their services.
3. I further authorize BBMDS Group, Inc. / Blue Bird Delivery to create and/or assign agency rights in its own name for the purpose of growing medication and/or obtaining edible forms of medication for my benefit.
4. I also agree to pay all personal out-of-pocket expenses and reasonable compensation for BBMDS Group, Inc. / Blue Bird Delivery member services.
5. I hereby declare under penalty of perjury under the laws of the State of California that a medical doctor recommended or approved my use of medical cannabis. I have been diagnosed for a serious illness for which cannabis provides relief.
6. I hereby verify that I am a California resident and my personal medical cannabis will not be taken out of the State of California. I further verify and agree that my medical cannabis shall not be shared, sold, bartered, traded, exchanged or delivered in any other means to any other person.
7. I hereby declare and understand that my contributions to BBMDS Group, Inc. / Blue Bird Delivery for and through prescribed medicinal products I may acquire from BBMDS Group, Inc. / Blue Bird Delivery are used to ensure the continued operation of BBMDS Group, Inc. / Blue Bird Delivery and that any said transaction in no way constitutes a commercial promotion or sale of any item.
8. As a member, I hereby agree, appoint and designate BBMDS Group, Inc. / Blue Bird Delivery and their representatives, as my true and lawful agents for the limited purpose of assisting me in obtaining my legally prescribed medicinal cannabis. I understand that this means BBMDS Group, Inc. / Blue Bird Delivery will be required to purchase, possess, transport and distribute my medication to me as prescribed by my physician and I grant them the limited authority to do so.
9. As a member, I understand that BBMDS Group, Inc. / Blue Bird Delivery has other members with similar Membership Agreements. I hereby authorize BBMDS Group, Inc. / Blue Bird Delivery to jointly possess the medical cannabis as described under this Agreement jointly with other BBMDS Group, Inc. / Blue Bird Delivery members under similar Membership Agreements. I agree the medicinal cannabis possessed by BBMDS Group, Inc. / Blue Bird Delivery at any time is the collective property of every patient who is also under this Membership Agreement and the care of BBMDS Group, Inc. / Blue Bird Delivery.
10. I agree to provide BBMDS Group, Inc. / Blue Bird Delivery with all changes in my contact information, diagnosis, or primary physician immediately.

**Patient/Member Initials:** \_\_\_\_\_

**For Office Use**  
Intake performed by:  
Date:  
Member Number:

As qualified medical cannabis patients under California law, we choose to associate collectively or cooperatively to cultivate cannabis for medical purposes. All members of our medical cannabis collective will contribute labor, funds, or materials, and all will receive medicine. We form this collective in accordance with California Health and Safety Code § 11362.775, which states:

*“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.”*

I hereby consent to the benefits provided by BBMDS Group, Inc. / Blue Bird Delivery. I understand that BBMDS Group, Inc. / Blue Bird Delivery has made no efforts in encouraging me to produce or use any substances for my medical condition. I have been informed by an authorized representative of BBMDS Group, Inc. / Blue Bird Delivery that I should continue to seek professional medical advice prior to and during my use of any cannabis product I may acquire through BBMDS Group, Inc. / Blue Bird Delivery.

I understand that BBMDS Group, Inc. / Blue Bird Delivery was organized to fill the necessity for medical cannabis. I further understand that circumstances may require defense of authorization in a court of law and agree to participate in such defense to the extent necessary and practicable.

I understand that BBMDS Group, Inc. / Blue Bird Delivery reserves the right to refuse service(s) to members.

I authorize BBMDS Group, Inc. / Blue Bird Delivery to acknowledge the fact of my membership, when needed, for the preservation of my medical rights under the Compassionate use Act of 1996.

If I am a law enforcement officer, I will disclose that information below.

I hereby affirm that I read, understand and agree to the terms of the BBMDS Group, Inc. / Blue Bird Delivery Non-Voting Membership Agreement.

---

**Patient Signature**

---

**Date (mm/dd/yy)**

---

**Accepted by Collective Authorized Representative**

---

**Date (mm/dd/yy)**

Check box if member of law enforcement, Please provide the agency below:

---

---

---

NOTICE TO LAW ENFORCEMENT: Pursuant to the Constitution of the State of California, Amendment III, Section 3.5(c), state enforcement officials have “no power ... to refuse to enforce a statute on the basis that federal law or federal regulations prohibit the enforcement of such statute.” It is therefore your legal duty and responsibility to respect and obey this agreement per the above cited legislation, and to leave the individuals herein described unmolested and unreported to federal authorities. Furthermore, in Garden Grove v. Superior Court, the Court of Appeal for the Fourth Appellate District has observed that, “it is not the job of the local police to enforce the federal drug laws.” Failure to follow state law may result in legal action being taken against you. Thank you for your understanding and compliance.