

Jolly Farms, Inc. Membership Agreement

I (the undersigned patient member) declare, understand, acknowledge and/or agree as follows:

- _____ I voluntarily choose to be a Patient Member of Jolly Farms, Inc. and upon my patient membership acceptance by a Jolly Farms, Inc. authorized representative, I will follow and/or abide by all rules and regulations of membership set forth by the Administrative Staff duly appointed/hired by Jolly Farms, Inc.
- _____ I authorize Jolly Farms, Inc. 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. As a Patient Member, I appoint and designate the Jolly Farms, Inc. and their authorized representatives, as my true and lawful agents for the limited purpose of assisting in safely obtaining my legally prescribed medicinal marijuana. As such, Jolly Farms, Inc. will be required to purchase, possess and deliver my medication to me as recommended by my treating physician, and I grant them the limited authority to do so. I further authorize Jolly Farms, Inc. to enter into contracts to obtain and/or allow growth/preparation of medication and/or edibles for my benefit.
- _____ As a Jolly Farms, Inc. Patient Member, I understand that Jolly Farms, Inc. has other Patient Members with a shared Membership Agreement. I authorize Jolly Farms, Inc. to jointly possess the medical marijuana as described under this Agreement in conjunction with other Patient Members. I agree the medicinal marijuana possessed by Jolly Farms, Inc. at any and all time(s), is the collective property of every current existing Patient Member in good standing who is also under this same Membership Agreement with Jolly Farms, Inc. and that no current or previous Patient Member has any equity claim or specific equity position what-so-ever in any medical marijuana possessed or may be possessed by Jolly Farms, Inc. in any form or fashion.
- _____ Any/all reimbursement sums allotted to Jolly Farms, Inc. are used to recover any/all out-of-pocket expenses and reasonable compensation to Jolly Farms, Inc executives for Jolly Farms, Inc's membership services. All reimbursements to Jolly Farms, Inc. are used to insure the continued labor of Jolly Farms, Inc. and that any said reimbursed amount in no way constitutes a commercial sale of any item.
- _____ I shall provide Jolly Farms, Inc. with any/all changes in my personal contact information, diagnosis or primary physician information immediately. Furthermore, at every medical marijuana delivery to me, I shall provide Jolly Farms, Inc.'s delivery representative(s) verification of my original California Doctor's Recommendation Letter, as well as a valid CA Driver's License or CA State Patient ID Card.
- _____ This Membership Agreement is bi-lateral, therefore Jolly Farms, Inc. may terminate this Agreement at any time, without reason or prior notification, and as such the other party to this Agreement has absolutely no basis to reinstate this Agreement, or have any cause of action to do so.
- _____ No products have been tested or approved by the FDA. Consume at your own risk.

Membership Terms & Conditions

1. You must have a valid California Driver's License or valid California ID, a current valid licensed California doctor's recommendation letter for the use of medial marijuana. Recommendations must be renewed on a yearly basis.
2. You may not sell or redistribute your medicine to others, or use it for non-medical purposes.
3. Discretion is very important. Please be very discreet. Please place your medicine out of sight. Do not display or discuss your medicine in the surrounding neighborhood.
4. Do not engage in loud, boisterous, or disruptive behavior when a delivery representative is at your door.
5. Respect and show courtesy towards all Jolly Farms, Inc. representatives.

I have read and agree to these Membership Terms & Conditions.

Signature: _____

Date: _____

Print Name: _____

Tel: _____