



Membership Agreement and Informed Consent

I, (print clearly) _____, hereby join and consent to the benefits provided by membership in Genusys, a nonprofit corporation.

I am informed that Genusys is a nonprofit collective organized as a means for facilitating or coordinating transactions between members. I understand that Genusys has made no efforts encouraging me to produce or use any substances for any medical condition. I have been informed by Genusys that I should continue to seek professional medical advice regarding my use of any cannabis product.

I understand that Genusys reserves the right to refuse service(s) to members. I understand that any person caught violating Genusys' Rules or Membership Agreement may be excluded from membership. I am informed that membership is open to patients whose physicians' recommendations or approvals for cannabis, or whose medical cannabis identification cards, have not expired, and to designated primary caregivers of such patients.

I agree not to use cannabis for other than medical purposes. I understand that any member caught diverting cannabis for non-medical use may be excluded from membership.

I affirm that I am above 18 years of age or have the consent of my parent/guardian, and that the information stated on my Information Form is truthful and accurate. If I am on parole or probation or released on bail, I certify that no condition of such parole, probation, or bail prohibits my use of medical cannabis.

I understand that my contributions to Genusys through products I may acquire from the collective are used to ensure continued operation of Genusys, and that such transactions are exchanges to cover overhead costs and operating expenses, and in no way constitute commercial promotion.

I understand that medical cannabis, while being a well-known effective therapeutic agent, is still considered illegal by the federal government. Therefore, by signing this form, all members of the Genusys collective are committing an act of collective federal civil resistance.

Member Signature

Date

Intake Staff Signature

Member #



Information Form

Name _____

Street Address _____

City, State, Zip _____

Mailing Address (if different) _____

Phone Number _____ Email _____

(circle ID type) DL / CID / PP / VA / MI ID # _____

Physician's Name _____ Phone _____

I declare under penalty of perjury under the laws of the State of California and the United States of America that all the information stated herein is true and correct, and that I have signed this declaration in _____ County, California on the date indicated below. I authorize my physician to verify to Genusys his or her recommendation for my use of medical cannabis.

Signature _____ Date _____

Do not write below this line

For staff use only

Recommendation or card verified by _____ Date _____

Expiration date of recommendation or card _____

Intake staff signature _____ Member # _____



Member Rules and Policies

Physician recommendation or approval for use of medical cannabis (e.g. state identification cards) must be kept current at all times. Member is responsible for knowing when their recommendation or approval expires and submitting renewals or other new paperwork prior to said expiration. All recommendations and approvals, both initial and renewals will be verified.

Submission of false or intentionally misleading identification, forms, documents, and/or records shall be grounds for expulsion from the Genusys collective (“Genusys”) and cancellation of membership.

Medical cannabis obtained through Genusys is for personal medical use of Member only, and may not be redistributed to any other person for any purpose without the express written consent of Genusys and only for the purpose of re-distribution to another Genusys Member for the sole purpose of convenience of such Member. Such re-distribution, except as authorized herein, shall be grounds for expulsion from Genusys and cancellation of membership.

Member state identification card holders hereby authorize Genusys to use a copy of their identification card to support Genusys’s cultivation of medical cannabis.

All Genusys Members shall be respectful and cognizant of the Genusys members, employees, and neighbors at all times. No abusive or offensive conduct, re-distribution or re-sale of medicine, loitering, loud noise, or littering is allowed in the Genusys facility. None of these activities, as well as ingestion of medicine, is allowed in the vicinity of any Genusys facility. Violation of this rule shall be grounds for expulsion from Genusys and cancellation of membership.

Only Genusys members may enter Genusys facilities.

The Genusys Member agrees to reimburse Genusys for actual cost of cultivation or acquisition of medical cannabis, services, and the maintenance expenses of Genusys facilities. Services of Genusys may include, but are not limited to, massage, counseling, acupuncture, and food. Maintenance and expenses of Genusys may include, but are not limited to, rent, salaries, insurance, utilities and other expenses incurred by Genusys as a direct result of providing for the Member’s medical needs.

Any funds remaining after all expenses incurred by Genusys are paid. Shall be redistributed to the Members of Genusys as medicine and/or services, or disbursed in a manner to be determined by a vote of the Members with the limitation that any such disbursement shall be for the benefit of the Members of Genusys, including, but not limited to, charitable donations.

I hereby agree to Genusys’s above-stated Member rules and policies.

Member Signature

Date

Intake Staff Signature

Member #