



Non-Voting Membership Agreement

Please fill out all information to the best of your ability. If unsure, please leave blank and an Elevated, Inc. representative will assist you.

First Name: _____ Middle Name: _____

Last Name: _____ Email (optional): _____

Phone Number: _____

YES / NO 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 below. Thank you.

Circle One

Cell Phone Provider: _____

CA Drivers License # _____

Date of Birth (mm/dd/yy): _____

Physicians' Name: _____

Physicians' License # _____

Physicians' Office Address

Street: _____ City: _____

Date of Last Visit (mm/dd/yy): _____

Recommendation Expiration Date (mm/dd/yy): _____

Verification # _____

Verification URL www. _____



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 Elevated, Inc.

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 Elevated, Inc. as my care provider for this purpose. In doing so, I agree to sign and follow all Elevated, Inc. rules and regulations regarding their services.
3. I further authorize Elevated, 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.
4. I also agree to pay all personal out-of-pocket expenses and reasonable compensation for Elevated, Inc. 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 Elevated, Inc. for and through prescribed medicinal products I may acquire from Elevated, Inc. are used to ensure the continued operation of Elevated, Inc. 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 Elevated, Inc. 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 Elevated, Inc. 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 Elevated, Inc. as other members with similar Membership Agreements. I hereby authorize Elevated, Inc. to jointly possess the medical cannabis as described under this Agreement jointly with other Elevated, Inc. members under similar Membership Agreements. I agree the medicinal cannabis possessed by Elevated, Inc. at any time is the collective property of every patient who is also under this Membership Agreement and the care of Elevated, Inc.
10. I agree to provide Elevated, Inc. with all changes in my contact information, diagnosis, or primary physician immediately.

Patient / Member Initials: _____



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 Elevated, Inc. I understand that Elevated, Inc. 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 Elevated, Inc. that I should continue to seek professional medical advice prior to and during my use of any cannabis product I may acquire through Elevated, Inc.

I understand that Elevated, Inc. 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 Elevated, Inc. reserves the right to refuse service(s) to members.

I authorize Elevated, Inc. 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 Elevated, Inc. 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.