



The Kind Gardeners Collective

Membership Registration Form

Member name (*first/last*) _____

Address _____

City _____ State _____ Zip _____

CA-D.L. or CA-ID number _____ Expires _____ Date of birth _____

Contact phone number () _____ - _____ Email address: _____

Phone & E-mail address allows us to keep you informed and up to date on events and services at TKGC.

We do not share information with other organizations.

If you already have a medical cannabis ID card issued by a county health department or other agency pursuant to California Health & Safety Code §11356.7, *et seq.* (SB-420, 2003). Note – ID card is not yet available in San Diego County as of March 1, 2009.

ID card issued by _____

ID card number _____ Issue date: _____ Exp. Date: _____

- I have read and understand the facilities rules and guidelines and consent to joining this collective or cooperative.
- I certify under penalty of perjury that
 - (1) the information provided is true and accurate, and
 - (2) I am not seeking membership for any fraudulent purpose.
- I will not distribute medicine received from TKGC to any other person, nor use it for non-medical purposes.
- I authorize my recommending physician to verify his or her recommendation or approval for the use of medical cannabis (marijuana).

X _____

Member signature

Date

Staff Use only

Doctor name / Office name: _____ Phone: _____

Recommendation dated: _____ Valid until: _____

Membership/recommendation verification from Physician office by (*name/position*): _____

Date /time of verification: _____

TKGC Database ID No. _____

Staff signature _____ Date _____