

BIZZY BEE'S HERBAL COLLECTIVE

MEMBERSHIP APPLICATION

I, _____, hereby request to become a member of Bizzy Bee's Herbal Collective. I am informed and understand that Bizzy Bee's Herbal Collective is composed of medical cannabis patients who have organized together for the purpose of collectively providing for their medical needs in compliance with California Health & Safety Code §§ 11362.5 and 11362.775. By submitting this application I am representing that I am qualified and authorized to use cannabis for medical purposes in that I suffer from a qualifying illness or condition and have sought treatment from a licensed physician who has recommended or approved my use of medical cannabis, as provided for under California law.

I certify that I have been given a copy of the Bizzy Bee's Herbal Collective Rules, have read these Rules, understand them, and agree to abide by these Rules.

I authorize Bizzy Bee's Herbal Collective, its agents and assigns, to release information specifically verifying my membership in Bizzy Bee's Herbal Collective in response to medical provider and/or law enforcement inquiries. I further authorize Bizzy Bee's Herbal Collective, its agents and assigns, to supply a copy of my medical cannabis recommendation or approval in response to medical provider and/or law enforcement requests, as well as to agents acting on my behalf.

Dated:

(Signature)

(Print Name)

The above Application for Membership in Bizzy Bee's Herbal Collective is hereby approved. (Membership not valid without signature).

Dated:

_____, Director
Bizzy Bee's Herbal Collective