



## **Kush Horizons**

### **A California Corporation**

**kushhorizons@yahoo.com**  
**(925) 393-6313**

#### **RE: Membership Application and Agreement**

Dear Prospective Member:

As the CEO of Kush Horizons, a California Corporation. I am currently accepting applications and memberships from collectives, dispensaries, delivery drivers and patients for safe legal access to quality medication.

I have a registered California Corporation and I will be represented by Joseph Tully, Attorney at Law in the event I am charged with any Marijuana related charges. I am in compliance with California State Law and the Attorney General Guidelines for the CUA and MMP.

As you know, in order to help keep patients safe and in compliance with California State Laws, there is a lot of paperwork to do. I am very interested in forming a legitimate and legal trade association with you.

Please fill out the following forms I have provided and you can share them with me on Google Drive, send them via regular mail at the above address, text pictures or email. Whatever you prefer is fine.

1. **Complete and sign** the attached **Membership Agreement;**
2. **Copy** of current, valid verifiable **California Medical Cannabis Recommendation;**
3. **Complete and sign** the **HIPAA;**
4. **Copy** of current valid **California Driver's License or California identification;**
5. **Complete and sign** the **Confidentiality Agreement;**
6. **Complete** the **Authorizations** for **Transportation & Cultivation.**

**Use of Private Information**

Any personal information we collect about you will only be used to facilitate the operation of our corporation, and will be guarded in the highest confidence. Your personal information will only be used for compliance with California Compassionate Use Act of 1996 or other legal requirements, and will not be sold or disclosed to any third parties unless we are required to do so by law.

Should you have any questions or require more information, do not hesitate to contact me. I look forward to welcoming you as the next member. Thank you for your time and consideration in helping me help patients.

Sincerely,  
Kush Horizons

# Kush Horizons

## Collective Membership Agreement

**MISSION STATEMENT:** Our Mission is to provide a way for our members to collectively and collectively research, test and cultivate medical cannabis for qualified medical purposes. We operate in an atmosphere that ensures the security of the crop and safeguards against diversion for non-medical purposes. Our methods of operation and legal business formation falls under the guidelines of the California State Attorney General, CUA and the MMP.

**PURPOSE:** To provide a safe transaction outlet in form of delivering and cultivating medical cannabis to patients who otherwise cannot for the benefit of membership of a nonprofit.

**MEMBERSHIP REQUIREMENTS:** Membership in the Cannabis Collective shall be open to any patient with a valid medical cannabis recommendation issued by a licensed California physician in good standing, who is able to use its services and willing to support its collective organization, purpose and principles.

**RIGHTS OF MEMBERS:** Rights of the members include: safe access, cultivation, of physician recommended cannabis, to participate in the volunteer program of the cannabis collective and to participate in any membership benefits established by the board.

**TERMINATION OF MEMBERSHIP:** The President or CEO of the collective may terminate the membership of any member for the following reasons included but not limited to, inactivity, diversion of medicine, failure to maintain current records, or failure to observe policies and procedures.

**GENERAL MEMBERSHIP MEETINGS:** The collective shall hold a general membership meeting no less than once a year for members of the BOARD.

**MEMBER REPRESENTATIONS:** I represent that I am qualified as a patient; I agree not to distribute cannabis medication to non members; The Guidelines issued by the Attorney General state that we must obtain your membership records on-site or have them reasonably available, track when our members cannabis and track when our members recommendations expire or caught diverting medication by enforcing the conditions of membership by excluding them.

**I AGREE TO THE TERMS AND CONDITIONS OF THIS MEMBERSHIP AGREEMENT**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Medical Information Release Form**  
(HIPAA Release Form)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Release of Information

I authorize the release of information including the diagnosis, records;  
examination rendered to me. This information may be released  
to: **Kush Horizons A California Corporation**

This Release of Information will remain in effect until terminated by me in writing.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## A California Corporation

### Confidentiality Agreement

It is understood and agreed to that the below identified **DISCLOSURE** of confidential information may provide certain information to **RECIPIENT**, that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary under collective, patent and/or trade secret laws, it is agreed that

1. The Confidential Information to be disclosed can be described as and includes:

Invention description(s), technical and business information relating to proprietary ideas and inventions, ideas, patentable ideas, trade secrets, drawings and/or illustrations, patent searches, existing and/or contemplated products and services, research and development, production, costs, profit and margin information, finances and financial projections, customers, clients, marketing, and current or future business plans and models, regardless of whether such information is designated as "Confidential Information" at the time of its disclosure.

2. The **RECIPIENT** agrees not to disclose the confidential information obtained from the **DISCLOSURE** to anyone unless required to do so by law.

3. This Agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.

4. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

**WHEREFORE**, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

#### **RECIPIENT of Confidential Information:**

Name (Print or Type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **DISCLOSURE of Confidential Information:**

Name (Print or Type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

