

Town and Country Cooperative
PO Box 15313
Santa Rosa, CA 95402
info@tandc.org

A California Nonprofit Cooperative Corporation

MEMBERSHIP REGISTRATION FORM

I am registering as a Primary Caregiver

I am registering for myself

Name

Address City, State and Zip Code

Telephone Number: _____ Email: _____
City, State and Zip Code

CA DL or ID No. _____ Date of Birth _____

I am a *Primary Caregiver* for the registered member: _____
Name of Registered Member

Complete the next section only if you already have a medical cannabis I.D. card issued by a county health department or other agency pursuant to California Health and Safety Code §11356.7, et seq. (SB-420, 2003).

ID Card Issued by _____

ID Card Number _____ Expiration Date _____

- I have read and understood Town and Country's rules and/or guidelines and consent to joining this collective.
- 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 here 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).

MEMBER'S SIGNATURE _____ Date _____

Staff Use Only	
Staff Initials _____	Membership/recommendation verified by _____
Database I.D. No. _____	Date of Verification _____