



## Membership Agreement and Code of Conduct

To be a patient or primary caregiver associated with Peace in Medicine you are required to agree and comply with the following Membership Agreement and Code of Conduct.

Peace in Medicine reserves the right to terminate membership for any violation of our agreements and code of conduct with no warnings or second chances.

- Only legally qualified patients and caregivers may register as members of Peace in Medicine.
- You must be at least eighteen (18) years old and have state-issued identification to access dispensary services. A parent or court-appointed legal guardian must consent in order for persons who are younger than eighteen (18) years old to obtain service.
- Any person who is not a member or qualified patient, including a minor, is not permitted within the dispensary area of Peace in Medicine.
- All members are required to show state-issued identification and have their membership validated by Peace in Medicine personnel prior to accessing dispensary services.
- No cell phones, pagers, cameras or any other recording devices are allowed anywhere on Peace in Medicine's premises. Please leave them in your car or at home.
- No alcohol, illegal drugs, or weapons are allowed in or around Peace in Medicine's premises.
- Members are limited to one dispensary visit per day.
- Members agree to the limits on amounts of medical cannabis according to state and local law.
- No consumption of cannabis is allowed within the Gravenstein Station property, including the healing center premises.
- Never sell or otherwise distribute medication you obtain at Peace in Medicine. You will be permanently excluded from membership if you do so.
- Only qualified service animals are allowed inside the premises; all other pets are not allowed.
- You should treat everyone on the premises with respect. You may be asked to leave the premises if you use offensive or abusive language or behavior.
- There is no loitering on the Gravenstein Station property.
- For your safety, place all medication and plants out of sight before leaving the building.
- In the event of an emergency, please follow instructions from the staff.
- Please be friendly to and support our neighbors with your patronage!

I understand that cannabis, while being a well-known effective therapeutic agent, is still regarded as illegal under federal law, according to the federal government. Therefore, all members of Peace in Medicine acknowledge that they are committing an act of collective federal civil resistance.

I have read and understand this Membership Agreement and Code of Conduct and agree to abide by it. I understand that my membership may be immediately revoked upon a violation of any of the policies stated herein.

I hereby affirm that I read, understand and agree to the terms of Peace in Medicine's Membership Agreement and Code of Conduct.

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

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Print Name (First and Last Name) \_\_\_\_\_

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Street Address (only needed if different than on identification) \_\_\_\_\_

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City, State, Zip (only needed if different than on identification) \_\_\_\_\_

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Telephone Number \_\_\_\_\_

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Email Address \_\_\_\_\_

\_\_\_\_ I would like to receive email regarding upcoming classes and events

**I authorize my recommending physician to verify to Peace in Medicine his/her recommendation or approval for my use of medical cannabis.**

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

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Do not write below this line

For Staff use only

- Provided Member Handbook
- Verified Recommendation
- Expiration Date of Recommendation \_\_\_\_\_
- Membership Identification Process Complete

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Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

PT # \_\_\_\_\_

