

The Heartful Living Association™
Membership Registration Form

-- Please Print Clearly --

Name _____
First _____ *Last* _____

Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____ (For administrative use only)

CA DL or ID No. _____ Date of Birth _____

If you would like us to keep you up to date on our events and services, please provide your email address:

Email _____@_____

If you have a Medical Cannabis ID Card pursuant to California Health & Safety Code § 11356.7, *et seq* (SB 420, 2003), please provide the information below:

ID Card Issued by _____

ID Card Number _____ Exp. Date _____

- I have read and understand the Cooperative's rules and/or guidelines and consent to joining this Cooperative.
- I certify under penalty of perjury that (1) the information provided is true and accurate, and (2) I am not seeking membership for 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/her recommendation or approval for use of medical cannabis (marijuana).

X _____
Member's Signature _____ Date _____

<i>Staff Use Only</i>	
Staff Initials _____	Membership/recommendation verified by _____
Database ID No. _____	Date of verification _____