



PATIENT REGISTRATION AND NON-VOTING MEMBERSHIP AGREEMENT
(PLEASE PRINT)

Form fields for Last Name, First Name, Middle Name, Street Address, City, Zip Code, Telephone Number, and Email Address.

I (the undersigned patient member) state, understand, agree, declare and/or acknowledge:

I am over 18 years of age and a resident of California. My doctor has recommended my use of medical marijuana and in accordance with CA Prop 215 and SB 420, I am legally able to use, possess and cultivate cannabis for medical purposes.

Top Shelf 420 Collective is a non-profit organization whose mission is to promote the economic welfare of patient members by providing a medium to create a safe, consistent and reliable source of quality medical marijuana at the lowest possible recovery amount for the medicine.

That TS420 Collective, here-in-after referred to as Collective, accomplishes this mission by coordinating, directing and/or administrating patient members cooperative efforts, acting together, towards the production, cultivation, acquisition, transportation, storage and distribution of medical marijuana, and in rendering and purchasing services of all kinds, and entering into agreements with similar or like organizations for the benefit of the Collective's patient members.

I voluntarily choose to be a non-voting patient member of the Collective and upon my Patient Membership acceptance by a Collective's authorized representative's signature below, I will follow and/or abide by all rules and regulations of membership set forth by the Collective's Board of Directors or Administrative Staff duly appointed/hired and empowered by the Board of Directors. Said rules and regulations of membership shall be posted on the Collective's website at www.ts420.com and it is my sole responsibility to read and be aware of them.

I authorize the Collective to create and/or assign agency rights in its own name for the purpose of growing medication and/or obtaining edible forms of medication for my benefit. As a member, I appoint and designate the Collective, and their representatives, as my true and lawful agents for the limited purpose of assisting in obtaining my legally prescribed medicinal marijuana. This means that the Collective will be required to purchase, possess, transport and distribute my medication to me as recommended by my physician and I grant them the limited authority to do so. I further authorize the Collective to enter into contracts to obtain and/or allow growth/preparation of medication and edibles for my benefit.

As a member, I understand that the Collective has other members with similar Membership Agreements. I authorize the Collective to jointly possess the medical marijuana as described under this Agreement jointly with other Collective members. I agree the medicinal marijuana possessed by the Collective, at any and all time(s), is the collective property of every current existing member in good standing who is also under this or a similar Membership Agreement with the Collective and that no current or previous member has any equity claim or specific equity position what-so-ever in any medical marijuana possessed or may be possessed by the Collective in any form.

Any/all sums I donate to the Collective are used to recover any/all out-of-pocket expenses and reasonable compensation for the collective's member services. All my contributions to the Collective are used to ensure the continued operation of the Collective and that any said donation in no way constitutes a commercial promotion or sale of any item. I will not redistribute any medical marijuana I obtain through the Collective.

I shall provide the Collective with all changes in my contact, diagnosis or primary physician information immediately. Further, at any delivery of medical marijuana to me, I shall provide the Collective's delivery person a verification of my doctor's medical marijuana usage recommendation letter. I also agree to any and all future changes of the Collective's policies as the laws for safe access develop.

This Agreement is bi-lateral in so far as either I or the Collective may terminate the Agreement, at any time, without notice or reason, and the other party to the Agreement has absolutely no recourse or basis to re-instate the Agreement or any cause of action.

Signature lines for Patient Member's Signature, Date, Accepted by Collective Authorized Representative, and Date.