

BAYSHORE MEDICAL INC. Member Registration Form

Check one _____ Patient _____ Caregiver _____ Renewal

Last Name: _____ Suffix _____ M.I. _____ Title _____ First _____

California Driver License or ID Card #: _____ Expiration Date: _____

Date of Birth: _____ Patient ID#: _____

Address: Street _____ Apt _____

City: _____, California, Zip: _____

Phone: _____ Email: _____ Contact circle one phone __ Email __ postal

Caregiver (in addition to those designated by **Bayshore Meds SC, Inc.**): _____

Doctor's Name: _____ Doctor's License #: _____

Doctor's Phone #: _____ Doctor's Fax #: _____

Verification URL: _____ Verification Phone #: _____

Last Visit Date: _____ Recommendation Expires: _____

[] Check box if you are a member of law enforcement, and provide the agency: _____

Are you a member of more than one collective? If yes, please explain why. (Check all that apply.) _____

I changed my address

_____ I could not find the medicine I was looking for

_____ Convenience

_____ Other (explain): _____

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 purposes. Additionally, I authorize Bayshore Meds, Inc., Inc. to verify with my recommending physician to his or her recommendation or approval for the use of medical marijuana.

Signed: _____ Date: _____

NOTICE TO LOCAL LAW ENFORCEMENT: Pursuant to the Constitution of the State of California, Amendment III, Section 3.5(c), state enforcement officials do not have the authority to refuse to enforce a statute on the basis that federal law or § regulations prohibit the enforcement of such statute. Furthermore, in Garden Grove v. Superior Court, the Court of Appeal for the Fourth Appellate District has observed that, "it is not the job of local police to enforce the federal drug laws." Thanks you for your understanding and compliance.

Database ID# _____

Date of verification _____

Staff Initial _____

Staff Name _____