

WAMM Collective Membership Application



Wo/Men's Alliance for Medical Marijuana
815 Almar Ave., #2 Santa Cruz, CA 95060
(831) 425-0580 Fax: (831) 425-0582

Applicant information is confidential. Application does not guarantee membership in WAMM collective. *(Please fill out completely, print clearly.)*

Name Last: _____ First: _____

Date of Birth: ____/____/____ Phone: (____) _____
mm / dd / yyyy

Address: _____ Apt/Unit #: _____

City: _____ Zip: _____

Email Address: _____

Medical conditions or Diagnosis:

Do you need an appointment to have any questions about Cannabis treatment answered?

Yes No

How are you currently getting your medicine?

Dispensary Friend Homegrown Other Not using cannabis

On Avg. how much do you currently spend for medicine? _____

How Did You Hear About WAMM: _____

I affirm that the information on this application is accurate and true.

Print Name: _____

Signed: _____ Date: _____

WAMM Protocols and GuidelinesMEMBER REQUIREMENTS (All member/patients and caregivers must comply)

ARTICLE 1.Section 1: Applicants must submit all forms required by WAMM. Compassion Program applicants provide proof of financial eligibility. Any patient may assign a caregiver to serve for a period of one year. A Caregiver acts on behalf of the patient, in compliance with the tenets of WAMM. Patients must return WAMM I.D. card upon termination of membership.

Section 2: No person shall be refused participation based on financial capability, and services are not dependent on any individual or group identified characteristic. WAMM accepts donations appropriate to financial capability, and determines membership based on our supply, and our collective ability to provide medicine.

Section 3: WAMM membership’s donations help offset facility operational and administrative costs—as well as the production cost for member products received.

Section 4: For the purpose of applicant identification, it is necessary to provide a valid California driver’s license, I.D. card, or passport. Any person under the age of 18 shall be considered for membership only with written consent of a parent or guardian, and a current physician’s recommendation.

Section 5: Under no circumstances shall any participant of WAMM or her/his caregiver participate in the sale, transfer, supply, or diversion of any kind, of any medical marijuana to any person(s). All medical marijuana provided by WAMM, or grown under the WAMM Cultivation Partnership Program (CPP) (see CPP contract), is strictly for the member/patient use only. Any breach thereof is reason for immediate dismissal from our collective. **Patient Initial:** _____ **Caregiver Initial:** _____

Section 6: If any participant misuses the services of WAMM, or misrepresents her/his membership, such action is cause for immediate termination of participation. An individual has ten(10) days to set a date to come before the WAMM Board of Directors for redress. Participants must act discreetly, applying decorum and etiquette in accordance with the principles of the safe and responsible use of medical marijuana.

PROTECTION AND THE LAW Article II Section 1: In the event of law enforcement encounter, a patient /caregiver is protected by the Necessity Defense and California HS11362.5, Prop. 215, and SC2000-06 and SC2000-12, and may be protected under SB420 (HS Code 11362.7) and SC County Section 7.124.105. Laws are subject to change. All encounters with law enforcement must be reported to the WAMM office, including, but not limited to, the arrest or detention of any WAMM member or caregiver, or any theft or confiscation of WAMM medicine.

Please sign below to acknowledge that you have read, understand, and will comply with the tenets of WAMM.

Signed: _____ Print Name: _____

Caregiver Signed: _____ Print Name _____

Date: _____

WAMM CONFIDENTIALITY STATEMENT

In order to preserve the dignity and privacy of all people, it has been recognized that any intimate information by or given to people in the helping profession is so privileged, and that such information is protected under the law with prescribed method, circumstances and penalties.

The sole duty of this agency, its individuals, employees, and volunteers is to treat people who come to us with trust, respect, compassion, and to protect the confidentiality of any information provided by or about them.

Information obtained about WAMM, WAMM members, WAMM staff, WAMM volunteers, or any other person(s) associated with WAMM—working in the office, at any site, or in one of its programs—is **completely confidential**.

In becoming a WAMM volunteer or WAMM member, you have accepted a responsibility that carries with it a privilege of service to our community. As such, you are an integral part of this agency and accept the same ethical responsibility as the program's staff and participants. **ALL** information that you may hear, directly or indirectly, concerning any person within WAMM, their family, friends, and/or anyone else connected with the program, must be considered **strictly** confidential.

WAMM is a collective organization. Many parts make up the whole of the organization. All these parts work because of volunteer efforts. If each participant works a few hours each month, the organization works better for each member. Without your volunteer time, undue stress is put upon others who do volunteer their time. Please be responsible, fair, and considerate. Volunteer for work you can do.

I agree not to divulge any information while volunteering for WAMM to any unauthorized person(s). I recognize that unauthorized release of confidential information may make me subject to civil action under provisions of the welfare and institutions code of the State of California, and applicable federal laws concerned with the individual's right to privacy, and may be cause for immediate termination of WAMM membership.

Signed _____ Date _____

Print Name _____

Caregiver _____ Date _____

Print Name _____