[Insert City Agency Name]
Address: [Insert Address]
Phone Number: [Insert Phone #]

Medical Cannabis Collective Registration

Applications require that every collective member submit an original medical cannabis recommendation or a California state issued ID card when filing. Registration is valid for a period of 12 months.

Please complete the form below and return it to the San Francisco [Agency Name] in the envelope provided or mail to: [Agency Name], [Agency Address]

Collective Name: _____

Mailing Address: _____ San Francisco, CA 941___

Number of Senior/Disabled/Low-Income Members: _____

Total number of collective members (not exceeding 9): _____

For Staff Use Only:

Collective ID#:_____
Filed and Approved Date:_____

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SAN FRANCISCO [Agency Name]
Address: [Agency Address]
Phone Number: [Agency Phone Number]

San Francisco Medical Cannabis Collective Agreement

We, the patients of the _____ Collective, hereby agree to abide by the standards of San Francisco's Medical Cannabis Act (Article 33), Proposition 215, and California Senate Bill 420. Doctor's recommendations will be kept current at all times and, if applicable, the provisions of the Nursery Safety Guidelines will be observed.

Collective Membership List

Name Or State Card Number:	Recommendation or State Card Expires on:	Doctor's Recommendation or State Card Verification:	Senior Citizen over 65 / Disabled / Low Income Status Verification:

Staff Use Only:

Collective ID#:_____

Filed and Approved Date: _____

Notice to law enforcement officers: for verification purposes, please call [Agency Phone Number].

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