

IF YOU DO NOT HAVE ACCESS TO A PRINTER, PLEASE EMAIL US YOUR CA ID AND PHYSICIAN STATEMENT AND OUR DRIVER WILL BRING YOU THIS FORM TO SIGN



OCFC MEMBER AGREEMENT FORM

OCFC is a medical marijuana delivery service that acts in accordance with California state law. Therefore, anybody interested in ordering from us is required to follow the simple instructions below and become a member of our collective before we are able to deliver our products to you. If you would prefer to call us, please do at **(949) 791-7509** or email us at **ocflowerandconcentrate@gmail.com**

*** ALL FIELDS ARE REQUIRED ***

First Name: _____ **Last Name:** _____

Address 1: _____

Address 2: _____

City: _____ **State:** _____ **Zip:** _____

DOB: _____ **Phone:** _____

Email: _____

CA ID# _____ **Exp. Date:** _____

OCFC Membership Rules

- 1) All OCFC members must be 21 years of age or older and possess a valid CA State Issues ID.
- 2) All OCFC members must have a valid physician's recommendation on file.
- 3) All OCFC members must be approved BEFORE placing any orders for delivery.
- 4) All OCFC members must be respectful of their neighbors, practicing good behavior at all times.
- 5) All OCFC members must schedule a delivery at an authorized location. We do not deliver to parking lots, cars, businesses, or public locations.
- 6) All OCFC members agree to treat OCFC staff with respect at all times and understand that OCFC can refuse sale at any time if given sound reason.
- 7) All OCFC members agree that adherence to all rules and laws are their own responsibility. Any violation of terms could result in the immediate termination of membership.
- 8) All OCFC members are aware that cannabis is illegal at a Federal level, even though state-approved usage has been authorized by the People of the State of California.

*I hereby affirm that I have read, understand, and agree to all the membership rules stated above. I will not attempt to deceive OCFC in any way, shape or form. I understand that I cannot place any orders until 1) my application has been approved and 2) I have emailed BOTH a copy of my state-issued CA Identification and a copy of my physician's statement to **ocflowerandconcentrate@gmail.com***

Member Signature

Date

Member Name (PRINT)