

Membership Registration Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

(Would you like to receive text message specials? If so, sign up on the text list in the lobby!)

Email Address: _____

How did you discover Herbal Solutions? : _____

I permit Herbal Solutions to make copies of my patient and/or caregiver registry identification card(s) and my driver's license or photo identification.

Please check the following box indicating whether you are a PATIENT, CAREGIVER or BOTH:

I am a PATIENT ONLY:

I am a CAREGIVER ONLY:

I am BOTH a PATIENT & CAREGIVER:

If you are a CAREGIVER, how many patients do you have? _____

**** Please note that member information is kept strictly confidential. Member information is stored in a secure, off-site facility accessible only to limited Herbal Solutions staff. ****

CONTINUE TO OTHER SIDE

FOR OFFICE USE ONLY:

VERIFIED/COPIED REGISTRY I.D CARD/PHOTO I.D: _____

VERIFIED NEW MEMBER SIGNATURE/DATE: _____

Membership Agreement and Rules

Herbal Solutions strives to maintain a professional environment in which our members feel safe, welcome and comfortable at all times. In order to provide all of our members with the best possible experience, we require that you adhere to the following rules:



MEMBERS MUST PRESENT THEIR CURRENT PATIENT/CAREGIVER REGISTRY IDENTIFICATION CARD AND STATE ISSUED PHOTO I.D AT EVERY VISIT.



Members must inform Herbal Solutions immediately if your patient/caregiver registry information changes, becomes invalid, or expires, or if you receive a denial notification from the State of Michigan.



Only members are permitted past the main lobby door. We ask that non-cardholding guests of members please wait in our lobby.



Members and their guests must act courteously towards other Herbal Solutions members and all others present in this facility. Membership may be revoked as a result of any behavior that brings discredit to our organization.



Under no circumstances may medicine be used or consumed in this facility (or the immediate vicinity of this facility) at any time.



Weapons of any kind are prohibited in this facility at all times.



The use of cell phones, cameras, or recording devices is not permitted beyond the front lobby.

By entering into this membership agreement I am asserting that I am a qualifying patient and/or caregiver of the Michigan Medical Marihuana Program, or other qualifying state program. I know my rights as a patient/caregiver (described in the Michigan Medical Marihuana Act for MMMP), and I understand that it is my responsibility to be aware of and abide by all laws pertaining to the medical use of marihuana at all times. I further agree that I have NOT received a rejection/revocation letter from the Medical Marijuana program, and that I will notify Herbal Solutions should my acceptance into the MMMP (or other qualifying state program) be rejected or revoked.

Please sign and date below to indicate that you have read and understood this membership agreement in its entirety.

Signature

Date