

THE LEONARD MOORE COOPERATIVE

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Membership Application

A Medical Cannabis Co-op and Resource Center



Leonard Moore (1940-1992) was an artist, activist, and dear friend of the family who succumbed to AIDS in 1992. During that time contraband cannabis had to be illegally obtained to help alleviate his pain and discomfort. In homage to him, we named and created our co-op so that no one should have to suffer the consequences of the black market to obtain their medicine.

I, _____ herby request to become a member of The Leonard Moore Cooperative. I am informed and understand that The Leonard Moore Cooperative is composed of medical cannabis patients – members who have organized together for the purpose of collectively providing for their common social, economic, and medical needs in compliance with California Health & Safety Code §§ 11362.5 and 11362.775 and the A. G. Guidelines. By submitting this application I am representing that I am qualified and authorized to use cannabis for medical purposes in that I suffer from a illness or condition and have sought treatment from a licensed physician who has recommended or approved my use of medical cannabis, as provided for under California law.

I certify that I have been given a copy of The Leonard Moore Cooperative Rules & Policies, have read these Rules, understand them, and agree to abide by these Rules.

I authorize The Leonard Moore Cooperative to verify and confirm my membership in response to medical providers and/or law enforcement verification inquiries.

RELEASE OF LIABILITY

Please feel free to consult with other members of the Leonard Moore Cooperative regarding your use of medical cannabis, as well as cultivation of medical cannabis. However, be aware that there is no guarantee that any of the advice given will produce usable medicine and the Leonard Moore Cooperative, its agents, employees, and members do not guarantee any results represented or advised. In addition, the information given is strictly for educational purposes and shall not be construed as legal advice.

Office Use Only

(Membership not valid without signature)

The Above Application for
Membership in The Leonard Moore
Cooperative is Hereby Approved.
Received Copy of Dr. Recommendation ☐

LMC Director or Employee Date:
Signature

Office Use Only

(Signature)

(Date)

(Print Name)

☐ Yes, I want to be notified of upcoming events and Co-op info.
Indicate best contact info below?

(phone #, email or address)