

\*Application Type: Not legally valid, merely informative \*



## New Member Application

Application No. \_\_\_\_\_

In Valencia, to \_\_\_ from \_\_\_ from \_\_\_\_\_ (date and place)

Hereby Mr./Mrs \_\_\_\_\_ (name and surname), of legal age, of nationality \_\_\_\_\_, citizen of \_\_\_\_\_, with address \_\_\_\_\_ (address), and with identity document in effect \_\_\_\_\_ (DNI, NIE, other)

(All partners must attach photocopy of identity document.)

### **Exhibits:**

Your willingness to join the non-profit association called \_\_\_\_\_.

Being a cannabis user or having been diagnosed with a disease for which the efficacy of the therapeutic or palliative use of cannabinoids has been scientifically proven.

Have read and agree with the statute of the association.

To have read and agree with the internal regime of the association.

To have read the conditions of culture committing to fulfill them.

Its commitment to comply with its statutes, rules of internal regime and respect the decisions taken by its governing bodies.

Undertake not to sell the cannabis that the association provides, under the result of expulsion from that association.

### **To be a consumer of: (choose minimum 1)**

Cannabis \_\_\_\_\_ grams/year

Oil \_\_\_\_\_ grams/year

BHO \_\_\_\_\_ grams/year

Hashish \_\_\_\_\_ grams/year

To be a consumer since \_\_\_\_\_. Signature of applicant \_\_\_\_\_.

## Form of payment association fee

Annual fee: 50€ to be paid for two years including a service charge of 20€, being 120€ in total.

Paid on \_\_\_\_\_, valid until \_\_\_\_\_.

Signed: \_\_\_\_\_ Partner Signature \_\_\_\_\_

## Contact details for new members

Date of birth \_\_\_\_\_

Occupation \_\_\_\_\_

Mobile phone \_\_\_\_\_

Data protection law:

We remind you that, in accordance with the provisions of REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 27 April 2016, you were informed and gave your express and unequivocal consent to the inclusion of the data you provided in the personal data files responsibility of this non-profit association. You may exercise your A.R.C.O. rights, as well as the other rights included in the aforementioned regulations, by sending a letter to our address or by e-mail.

Partner Signature: \_\_\_\_\_