



## Medical Member Pledge and Incentive

Thank you for signing up with THC. We want to inform you that once you sign your caregiver ship over to us, by law you must wait 30 days before changing to another center.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt/Suite #: \_\_\_\_\_ City: \_\_\_\_\_  
State: CO Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ DOB: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_ [ ] Yes I would like to receive deals via email.  
Patient MED Card Number: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Location of Sign Up (circle one): Uptown UHills

Name of Medical Marijuana Center: The Health Center dba (Mayflower Group or Nutritional Elements)  
Dept. Of Revenue License #: 402-00558 or #402-00891  
Mailing Address of the Medical Marijuana Center: 2777 S. Colorado Blvd Denver CO 80222

\* I \_\_\_\_\_ legally pledge my caregivership and # of plants \_\_\_\_\_ to The Health Center for 30 days from \_\_\_\_\_ (today's date).  
I acknowledge that I must wait the full 30 days before changing caregivers. \_\_\_\_\_ (initial)

If you choose to change your caregiver ship after the first 30 days, you are required to notify the previous caregiver. By law, if you do not notify the previous caregiver and they continue to claim you as a patient (resulting in your red card having multiple caregivers) there is a chance that you will be red flagged by the state. Your current membership could then be dropped.

By pledging The Health Center as your caregiver, you will become a member at all of our locations. Your \_\_\_\_\_ (#) plants will be grown at one of our facilities NEI or MFG. \_\_\_\_\_ (initial)

The Health Center and its staff are legally allowed to sell at total of 56g of medical marijuana or its equivalent in medical concentrate/product to medical patients daily, and may limit this across all of our locations \_\_\_\_ (initial)

\*I have been informed that I need to notify The Health Center if I change my caregivership to another center after the 30 day time frame. \_\_\_\_\_ (initial)

I have received my member sign up \$50 flower credit on my member start date.  
\_\_\_\_\_ (today's date) \_\_\_\_\_ Initial \_\_\_\_\_ THC Mng Initial

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_  
Manager Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

----- cut and give below to patient -----

Sign up as a new member and receive a **\$50 flower credit**, member pricing, Penny Gram a month, Loyalty Rewards, daily deals, and a \$20 Birthday Credit. Plus, **every three months receive an ounce for 25 cents!**

**Patient Transfer Notification**  
**Change of Primary Medical Marijuana Center**

**Patient**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Marijuana Registry #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Name of Previous Primary MMC:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

I had previously designated your MMC as my Primary Medical Marijuana Center pursuant to the Colorado Constitution, Article XVII & 14 and the Colorado Medical Marijuana Code. I acknowledge that the cultivation of medical marijuana plants on my behalf requires planning, time and expense.

I hereby give you notice that i have changed my primary MMC. I certify that more than thirty (30) days has passed since i have designated a primary MMC and i am authorized to make the change.

You are hereby advised that these plants must be immediately cultivated and harvested or re-assigned.

Your MMC was authorized to grow \_\_\_\_\_ (#) of medical marijuana plants on my behalf. Current regulations require that my new primary MMC must report this change within seventy-two (72) hours. Please update your records including Metrc accordingly.

Thank you,

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Attention Former Medical Marijuana Center!**

Please respond to The Health center with the following questions answered.

A) How many plants are you currently cultivating for the above named patient? \_\_\_\_\_

B) How many plants have been harvested for the above named patient? \_\_\_\_\_

**Patient Name and Registry Card #** \_\_\_\_\_

As a manager of the previous primary MMC, I certify that any existing plants of the re-assigned patient have been or will be re-assigned to your other patients or that all previously assigned have matured and have been cultivated and harvested.

**Manager's Signature:** \_\_\_\_\_ **Date of Transfer** \_\_\_\_\_

Please sign & acknowledge this form and send it via email to [info@thchealth.com](mailto:info@thchealth.com)

or mail the bottom portion of this form to 2777 S Colorado Blvd, CO 80222 Questions: 303-758-9997