



BPG MEMBER RULES

By following our member rules, you are helping BPG maintain good relationships with our neighbors so that we may continue to provide you service. Thank you for choosing BPG.

BPG BUILDING GUIDELINES

In order to provide a safe and enjoyable atmosphere, we ask that our members follow these guidelines while using our facility:

- ✓ You must be at least 21 years old. You must bring your valid government-issued ID and verifiable medical cannabis recommendation (or state-issued medical cannabis ID card) with you every time you visit the dispensary. Designated caregivers must bring their Designation of Primary Caregiver form and their patient's current recommendation.
- ✓ Cell phones are permitted within the dispensary, but to respect fellow members and employees we ask that you do not speak on your phone while inside the dispensary.
- ✓ To respect the privacy of all patients and staff, please do not take pictures or record video. No cameras or recording devices are allowed.
- ✓ Treat everyone on the premises and in our neighborhood with respect.
- ✓ Absolutely no alcohol, illegal drugs, or weapons of any kind are allowed on the premises.
- ✓ BPG is a smoke-free facility. Please extinguish all smoking materials prior to entering the facility's parking lot. Smoking is also prohibited on the sidewalks of San Pablo Avenue.
- ✓ Service animals are allowed in the building; however, emotional support animals are not.
- ✓ In case of emergency, stay calm and follow instructions from BPG staff members.

VIOLATION OF ANY OF THESE RULES IS GROUNDS FOR REFUSAL OF SERVICE AND REVOCATION OF YOUR MEMBERSHIP.



BPG MEMBER RULES

BPG GOOD NEIGHBOR POLICY

We have worked hard over the years to build positive relationships with the residents and businesses in our neighborhood. Please help us by always following these rules:

- ✓ NEVER resell the products you receive at BPG. All products are solely intended for the person who receives them, or for the qualified patient that a designated caregiver serves.
- ✓ NEVER consume cannabis inside of BPG, in our parking lot, or in the neighborhood.
- ✓ Keep all cannabis products out of sight when you exit and as you drive away.
- ✓ Always drive carefully and courteously. Turn car stereos down.
- ✓ Do not leave children under 6 years old unattended in the parking lot or in your vehicle. Children must be supervised by a person 12 years of age or older.
- ✓ Park your vehicle in our lot or use public parking. Never park your car in a neighbor's lot or in a bus stop. Overnight parking is NOT allowed.
- ✓ Do not linger in your car or on the sidewalk after visiting BPG. Loitering is prohibited.
- ✓ Help us keep the neighborhood clean. Dispose of trash and recyclables in the proper receptacles.

VIOLATION OF ANY OF THESE RULES IS GROUNDS FOR REFUSAL OF SERVICE AND REVOCATION OF YOUR MEMBERSHIP.



MEMBER'S BILL OF RIGHTS

Your rights as a member of the BPG Family:

- ✓ You have the right to receive considerate, respectful and compassionate service in a safe setting regardless of your age, race, national origin, religion, sexual orientation, gender identity or disabilities.
- ✓ You have the right to receive service in a safe environment free from all forms of abuse, neglect, or mistreatment.
- ✓ You have the right to be called by your proper name and to be in an environment that maintains your dignity and adds to a positive self image.
- ✓ You can expect full consideration of your privacy and confidentiality during care discussions, purchases and sign up procedures. You have the right to talk in confidence with your providers and to have your health care and personal information protected under all appropriate safety provisions.
- ✓ You have the right to appoint someone as a caregiver who can purchase cannabis medicine for you if you are unable to do so for yourself.
- ✓ You have the right to accurately labeled and weighed products and accurate information about the products being provided.
- ✓ You have the right to cannabis products that have been screened through a vigorous quality control process and are safe for human consumption.
- ✓ You have the right to pay a fair and reasonable reimbursement for your cannabis products. Patients should never be required to pay excessive or arbitrary reimbursements.
- ✓ You have the right to agree or refuse to take part in research studies. You may withdraw from a study at any time without impacting your access to BPG.
- ✓ You have the right to accurate and easily understood information about the laws and local regulations. You also have the right to weigh in on laws and regulations that affect your life.
- ✓ You have the right to voice your concerns about the care you receive. If you have a problem or complaint, you may discuss your concern with an on-site manager or you may contact us by email at info@myBPG.com.



(510) 540-6013
www.myBPG.com

MEMBER APPLICATION

To apply for membership:

- (1) Complete the member application online at: myBPG.com/application-form
- OR -
- (2) Complete this application and submit in person or via email to membership@myBPG.com.

Key documents to include:

- Your valid government-issued ID, such as a driver's license, passport, or military ID
- Your valid state-issued MMIC card or recommendation letter (patients only)

WARNING: Cannabis products including edibles are not tested by local, state, or federal agencies for health, safety, or efficacy. There may be risks associated with the consumption of these products.

The information provided on this form will be kept confidential and will be used strictly for internal administrative, research, and marketing purposes (unless otherwise opted out). No identifying information will be released without written permission from the Applicant. If you have questions regarding our Membership Application, please call, or visit us online or in person.

Thank you for choosing BPG!

1. Applicant Information

Name: _____

Address: City: _____ State: _____ ZIP code: _____

Date of Birth (mm/dd/yyyy): _____ Gender Identity (optional): _____

Government-Issued ID #: _____ Exp. Date (mm/dd/yyyy): _____

State MMIC # _____ Exp. Date (mm/dd/yyyy): _____ County _____

Email: _____

Phone #: _____

How did you hear about BPG? _____

Are you a patient Patient *Please fill in the Physician Information section below.*
or a caregiver? Caregiver *Please fill in the Caregiver Information section below.*

2. Physician Information

Complete only if you are applying as a patient. By signing this document, the Applicant gives his/her permission to the Physician named below to disclose to BPG whether the Physician has recommended that the Applicant use medical cannabis.

Physician's Name: _____

Office Phone #: _____ Email: _____

3. Caregiver Information

Complete only if you are applying as a caregiver for a registered patient.

Patient's full name: _____

Patient's Signature: _____

4. BPG Member Rules

Please review the attached BPG Member Rules. Additional copies are available at the Front Desk and online at www.myBPG.com.

- By checking this box I affirm that I have read the attached BPG Member Rules and agree to follow them.** I understand that if I do not follow these rules, my membership privileges may be suspended or revoked and BPG will no longer provide me service.

By signing this document I affirm that all the information provided with this application including all supporting documentation is true and correct to the best of my knowledge.

Signature: _____ Date: _____