

NONRESIDENT MEDICAL MARIJUANA CARDHOLDER AFFIDAVIT



State of Nevada, _____ County

This section is filled out by MM dispensary agent:

BEFORE ME, _____ [name of MME agent], on this
_____ [day of month] day of _____ [month], 20____, personally appeared
_____ [name of patient], known to me to be a
credible person and of lawful age, who being by me first duly sworn, deposes:

This section is filled out by the nonresident patient:

Patient Name _____
Address _____

Driver's License # _____ SSN _____

Initial below

_____ I am entitled to engage in the medical use of marijuana in _____, my legal state of residence.

_____ My medical marijuana card has an expiration date and it currently is not expired, or my medical marijuana functional equivalent was issued no longer than one year ago from today.

_____ I hereby agree to and will abide by the legal limits for possession of medical marijuana in the state of Nevada, that amount being two and one-half ounces during any one 14-day period.

[signature of patient]

[printed name of patient]

Subscribed and sworn to before me, this _____ [day of month] day of _____
[month], 20____.

Signature of MM dispensary agent