Luxe Holistics MEMBERSHIP AGREEMENT

Section One – General Information

Luxe Holistics

Representative

Name:	First	Last	Middle Initial
Address:	Street		Apt. No.
City		State	Zip Code
California D	river's License or ID No.	Date of Birth	Telephone No.
Email Addre			•
Section Two	ere to opt out of email and to be a common of the common o	0 1	
Card No.	o. Expiration Date		
Section Thr	ee – Declaration		
California physician. 2. I acknowl collective exchange, 3. I acknow reimbursis member of the control of the collective exchange, 4. I certify untrue and a fraudulent fraudulent of the collection of the collecti	edge that I am joining Luxe of qualified patients and prand distribute medical marledge that I can contribuing Luxe Holistics for its confict Luxe Holistics, I am permoder the penalty of perjury accurate and that I am not purpose.	Holistics to be part or imary caregivers which the to this project is sts and expenses. I nitted to participate it that the information is seeking membersheived from Luxe Holy.	provided on this agreement is hip in Luxe Holistics for any distics to any other person, and his or her recommendation,
Member Sign	ember Signature Date		

Date