



Mailing address: 880 EAST HASTINGS, VANCOUVER BC V6A 1R6
All memberships enquiries: Membership@CannabisDispensary.ca 604-255-1844
TEL: 604-255-1844 FAX: 604-255-1845
www.CannabisDispensary.ca
Retail locations: 880 E Hastings St, Vancouver BC - 1182 Thurlow St, Vancouver BC
Canada-wide mail order service!

CAREGIVER'S APPLICATION FOR REGISTRATION

To be completed by the caregiver:

Caregiver's Name _____

Address _____ City _____ Prov. _____

Postal Code _____ Phone number(s) _____ Date of Birth _____

E-mail _____

- I understand that an invoice will be sent to the member for any purchases on his/her behalf.
- I understand that as a caregiver I am not entitled to consume any cannabis purchased on behalf of the member.

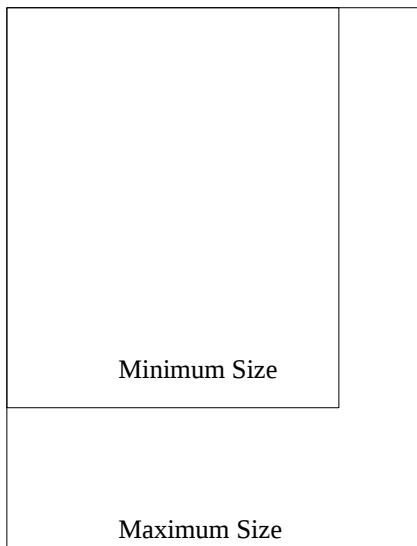
Caregiver's Signature _____

Printed Name _____ Date Signed _____

Member's Name _____ Member's Number _____

The caregiver must also provide a photocopy of government issued photo ID and a loose photo, passport sized.

Size guide for photograph



A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show a full frontal view of your head and shoulders against a plain contrasting background.
- No hats or sunglasses
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.

Questions? vds.membership@gmail.com

To be completed by the member:

- I authorize the above signed to make purchases from The Dispensary on my behalf.
- If I receive any invoice that lists purchases that were not made on my behalf, I will contact The Dispensary to have the caregiver's status revoked.

Member's Signature _____

Printed Name _____ Date Signed _____



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CODE OF CONDUCT:

PLEASE CHECK EACH BOX AFTER READING THE SECTION.

VIOLATION OF THESE CODES OF CONDUCT WILL RESULT IN A TEMPORARY OR PERMANENT SUSPENSION OF SERVICES.

NO RESELLING. NO SHARING. We provide medicinal cannabis for you only. Any reselling or sharing of your medicine is forbidden. If you are caught reselling any products purchased from the VDS you will be permanently banned from receiving services.

BE POLITE. We are doing our best to provide a service to our clients. Please treat the staff and other members of the VDS with politeness and respect.

BE RESPONSIBLE. Please use your medicine in a respectful and responsible way. Please do not smoke cannabis on the street or by our front door. Do not drive or operate heavy machinery if you are impaired by cannabis.

KEEP US INFORMED. Please let us know about any quality issues you have with our products. Good or bad, please let us know what works and what doesn't work.

DO NOT TRANSPORT ANY CANNABIS OUT OF CANADA.

CAUTIONS:

IMPAIRMENT:

Cannabis may potentially cause a temporary decrease in coordination and cognitive abilities, and short-term memory loss while medicated. Do not drive or operate heavy machinery if impaired by cannabis products. Be especially careful of impairment when eating cannabis products or using extracts. Do not eat cannabis products before swimming or driving.

ALCOHOL:

Cannabis mixed with alcohol may cause vomiting and nausea. We recommend limiting or stopping your intake of alcohol when using cannabis products.

IRRITATION:

Heavy smoking with no harm reduction techniques may lead to respiratory irritation.

BLOOD PRESSURE:

Initial increase in heart rate and/or blood pressure may be problematic for those with heart conditions or severe anxiety. Those receiving digitalis or other cardiac medications should use cannabis under careful supervision by a medical doctor.

WITHDRAWAL:

There are no significant withdrawal effects when cannabis use is ceased or decreased, however minor restlessness, nausea, and fatigue may be experienced. Symptom relief will also cease or be decreased.

THE LAW:

It is still illegal in Canada to possess, grow, or distribute cannabis. Know your rights and take precautions to avoid the harmful effects of arrest, cannabis seizure, imprisonment and criminal record.

ACKNOWLEDGEMENT:

- I accept that the VDS makes no guarantees or medical claims, and I hereby agree for myself, my heirs and executors to waive any claims against the VDS and its employees.
- I have read this form and agree to abide by the code of conduct and cautions listed above.

Name: _____

Signature: _____

Date: _____

The Vancouver Dispensary Society reserves the right to terminate membership at any time.

All documents submitted to The Vancouver Dispensary Society (VDS) are the property of VDS and are held in the strictest confidence.