



Applicant's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ -

Email: _____ Phone: _____

Date of Birth (mm-dd-yy): _____ - _____ - _____

Medical Conditions: _____

Physician's name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Are you currently taking prescription medication (yes or no)? _____

If yes, please describe: _____

How long have you been using cannabis? _____

How does cannabis affect your symptoms? _____

How often do you use cannabis? _____

Does this dosage alleviate your symptoms? _____

I hereby declare that the information stated above is factual.

APPLICANT'S SIGNATURE:

DATE:

PRINTED NAME:



Membership Code of Conduct

Please initial each box after reading. Violation of these codes of conduct will result in a temporary or permanent suspension of membership services.

- NO RESELLING – We provide medicinal cannabis for you only. Any reselling of your cannabis products is strictly forbidden. If you are caught reselling any products purchased from Weeds Kelowna you will be permanently banned.
- BE POLITE – Please treat the staff, volunteers and other members with respect.
- KEEP CONFIDENTIALITY – As a member you may learn sensitive information about other members, staff, volunteers and Weeds Kelowna. This information is private and must remain private out of respect. Breach of confidentiality may result in termination of membership and/or claims for damages against you by third parties and/or Weeds Kelowna.
- BE RESPONSIBLE – Please use your medicine in a respectful and responsible way. Do not smoke close to the facility. Do not drive or operate machinery if you are impaired.
- KEEP US INFORMED – Please let us know about any quality issues you have with our products. We will use this information to better our quality and services.
- NO CELL PHONES OR CAMERAS – Respect others' rights and the space we have provided. If you want to text, call, etc. you **MUST** exist the premises.
- DO NOT TRANSPORT CANNABIS OUT OF CANADA.

CAUTIONS

- IMPAIRMENT – Cannabis may potentially cause a temporary decrease in coordination and cognitive abilities, as well as 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 is more intoxicating than either substance alone. **DO NOT DRIVE IF YOU COMBINE THE TWO.** Combining the two may also 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, such as vaporizing, 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. The symptoms may last a week or so. Please note that the symptom relief cannabis provides, will also cease or be decreased.
- THE LAW – Know your rights and take precautions to avoid the harmful effects of arrest, cannabis seizure, imprisonment, and criminal record.

I accept that Weeds Kelowna makes no guarantees or medical claims, and I hereby agree for myself, my heirs and executors, to waive any claims against Weeds Kelowna and/or Weeds Glass and Gifts and their employees or volunteers.

I have read the form above and agree to abide by the code of conduct and cautions listed there.

I hereby declare that the information stated above is factual.

APPLICANT'S SIGNATURE:

DATE:

PRINTED NAME:



I understand that in signing this document I am giving permission to Weeds Kelowna and Weeds Glass and Gifts to obtain and keep on file personal information that I have provided to them. I understand that upon the expiration or termination of my membership that my file will be stored for 7 (seven) years and then destroyed. I understand that this personal information, not publicly published about me, may include, but is not limited to:

- a) Personal information
- b) Medical information
- c) Legal documents
- d) Copies of identification including photo ID and information from Health Canada or my physician.

I understand that Weeds Kelowna and Weeds Glass and Gifts may use and disclose this information to:

- Communicate with me in a timely and efficient manner
- Communicate with its suppliers
- Assess my application for services
- Detect and prevent fraud

I understand that Weeds Kelowna and Weeds Glass and Gifts will NOT:

- Sell my information
- Share my information with organizations outside of our relationship that would use it to contact me about their own products or services

With respect to the "Do Not Call List", this document gives Weeds Kelowna and Weeds Glass and Gifts permission to phone me.

I, the undersigned, understand and consent to this document.

APPLICANT'S SIGNATURE:

DATE:

PRINTED NAME:

Weeds Kelowna reserves the right to refuse service, to terminate membership at any time and to limit the amount of medicine per member.