



**Application**

**Date:**

**Name:**

**Member number:**

**Preferred contact (phone # or email):**

**Do you wish to be anonymously featured in this project?    No        YES (put anonymous below)**

**What name would you like used ? Please spell it out here exactly as you wish it to appear:**

\_\_\_\_\_

**Optional**

Please describe a way cannabis has made a difference in your health.

Please describe a way in which having access to cannabis has helped your family or loved ones.

Do you recommend the services of The Medicinal Cannabis Dispensary to others and why?

What is your favourite strain? \_\_\_\_\_

Favourite type of medicinal cannabis used? \_\_\_\_\_

Favourite method of ingestion? \_\_\_\_\_

An organization close to your heart? \_\_\_\_\_

Do they have a website? \_\_\_\_\_

**For Office Use Only**

**Name on project:** \_\_\_\_\_

**File name:** \_\_\_\_\_

**Waiver signed /dated?    No    Yes    Reviewed by** \_\_\_\_\_