

APPLICATION PACKAGE FOR MEDICAL MEMBERSHIP PROGRAM

Would you like to be registered for our mail order Service: Yes / No

Applicant Name:		DOB: YYYY/MM/DD
Applicant Address:		
City:	Province:	Postal Code:
Applicant Email:		Phone:

IN ADDITION TO FILLING OUT THIS PACKAGE, PLEASE INCLUDE A PHOTOCOPY OR PHOTO OF THE FOLLOWING DOCUMENTS – PLEASE DO NOT SEND IN YOUR ORIGINAL DOCUMENTS:

- ✓ GOVERNMENT ISSUED PHOTO ID
- ✓ YOUR MEDICAL DOCUMENTATION

GOVERNMENT ISSUED PHOTO ID

HERE ARE SOME EXAMPLES OF VALID CANADIAN GOVERNMENT-ISSUED IDENTIFICATION DOCUMENTS:

- Passport
- Citizenship card or Canadian Permanent Resident Card
- Driver's License
- Canadian Provincial or Territorial Government ID cards.

MEDICAL DOCUMENTATION

YOUR MEDICAL DOCUMENTATION MUST CONTAIN THE FOLLOWING INFORMATION:

- Your treating Practitioner's name and information
 - Your name
 - Your condition listed
- * Please note – Your documentation must be written in a professional format, such as a prescription pad, letterhead or electronic print out. It does not need to mention cannabis.*

We accept documentation from the following Practitioners:

- Medical Physician
- Naturopath
- Chiropractor
- Nurse Practitioner
- Doctor of Traditional Chinese Medicine
- Psychologist or Psychiatrist
- Dentist
- Osteopath
- Optometrist/Ophthalmologist

OFFICE USE ONLY (FOR APPROVED MEDICAL MEMBERS ONLY):

Medical Member Number:	Notes:	
Medical Member Contacted by: (please circle)	E-mail / Phone	Date Contacted:

Documents submitted to TMCD will be held in the strictest confidence, in accordance to all privacy laws.

CODE OF CONDUCT

PLEASE CHECK EACH BOX AFTER READING THE SECTION

NO RESELLING

As a non-profit organization, our success depends on the community it goes back into. Medical discounts are given on a tiered basis to supplement the cost of cannabis treatment. We have many medical members depending on this discount program and in order to meet their needs, we have a carefully set budget.

Any reselling or sharing of medicine is forbidden. If you are caught reselling any products purchased from TMCD you will be permanently banned from accessing our services.

BE POLITE

We do what we do because we care. Please remember that we are doing our best to provide a service to our clients. When interacting with staff and/or visiting TMCD, please treat others with politeness and respect.

BE RESPONSIBLE

Please be respectful and responsible with the medicine purchased, especially when transporting it. **DO NOT TRANSPORT ANY CANNABIS OR CANNABIS PRODUCTS OUT OF CANADA.**

KEEP US INFORMED

If there are any quality issues with our products, please let us know.

CAUTIONS

IMPAIRMENT

Use common sense. Do not swim, drive or operate any heavy equipment when impaired. Stay safe.

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

Cannabis can cause changes to heart rate and/or blood pressure; this 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.

THE LAW

Know your rights and take precautions to avoid the harmful effects of arrest, cannabis seizure, imprisonment and criminal record.

ACKNOWLEDGMENT

PLEASE INITIAL BOXES

	I ACCEPT THAT THE TMCD MAKES NO GUARANTEES OR MEDICAL CLAIMS, AND I HEREBY AGREE FOR MYSELF, MY HEIRS AND EXECUTORS TO WAIVE ANY CLAIMS AGAINST THE TMCD AND ITS EMPLOYEES.
	I HAVE READ THIS FORM AND AGREE TO ABIDE BY THE CODE OF CONDUCT LISTED ABOVE.
	I UNDERSTAND THAT VIOLATION OF THIS CODES OF CONDUCT WILL RESULT IN A TEMPORARY OR PERMANENT SUSPENSION OF SERVICES.

Name:	Signature:	Date:
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