

Bud Barn Society, Medical Cannabis Dispensary 115 Nicol street Nanaimo, BC. (778) 441-4119 http://www.budbarnsociety.com/ Canada wide mail-order service

MEMBERSHIP PACKAGE CHECKLIST

| Name: | | | Date: | |
|--|---|---|--|----|
| Phone number: | Ema | | | |
| Please check that your meml Application for Registration Code of Conduct – read, Photocopy of governmen | on – signed a checked box | nd dated ces, signed and | | |
| Physician's Statement or cop ☐ Included ☐ Has been / will be faxed | y of MMAR, A | ACMPR licens | se: | |
| For the following conditions, | only a confirn | nation of diagr | nosis is required. | |
| ADHD AIDS/HIV Anxiety/Stress Disorder Arthritis Asthma Brain/Head Injury Cancer Cerebral Palsy Chemotherapy Treatment Chronic Pain Colitis Crohn's Disease | Epilepsy Fibromyalg Glaucoma Hepatitis C | orders na Palliative care gia wel Syndrome graines | Parkinson's Disease Radiation Therapy Seizure Disorders Sleep Disorders | ng |
| All other diagnoses require a practitioner. | recommenda | ation for the us | use of cannabis from your health care | |
| Bud Barn Society, MEDICAL CANNA | BIS DISPENSAR | Y RESERVES THE | E RIGHT TO LIMIT THE AMOUNT OF MEDICATION | ı |
| For office use only: | | | | |
| Contacted by: ☐ Email ☐ Phone | | Date: | Membership No | |
| Notes: | | | | |
| Authorized by:Print nam | e | | Signature | |



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APPLICATION FOR REGISTRATION

| Applicant's Name: | | | | |
|---------------------------------------|-----------------------|-----------------------|--------------|-----------|
| Street address: | | | | |
| City: | | Province: | Postal code: | |
| Phone number(s): | | | | |
| Date of Birth: | Email | | | |
| MMAR , MMPR or ACMPR # (if | applicable): | | | |
| Medical condition(s) and sympto | om: | | | |
| | | | | |
| Physician's name: | | | | |
| Address: | | City: | | Province: |
| Postal code: | Phone number(s): | : | | |
| Optional: Are you presently tak | king any prescription | pharmaceuticals? | Yes □ No □ | |
| If you answered "Yes", please lis | st your drug regimer | n as well as any side | e effects: | |
| | | | | |
| | | | | |
| How long have you been using | cannabis? | | | |
| How does cannabis affect your | symptoms? | | | |
| How much/how often do you use | e cannabis? | | | |
| I hereby declare that the information | ation stated above is | s factual: | | |
| APPLICANT'S SIGNATURE: | | | | |
| DATE SIGNED: | | | | |
| PRINTED NAME: | | | | |



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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 BBS 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 BBS 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. 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 BBS makes no guarantees or medical claims, and I hereby agree for myself, my heirs and executors to waive any claims against the BBS and its employees. |
| \square I have read this form and agree to abide by the code of conduct and cautions listed above. |
| Name: |
| Signature: |
| Date: |

Bud Barn Society, Medical Cannabis Dispensary (BBS) reserves the right to terminate membership at any time. All documents submitted to the BBS are the property of BBS and are held in the strictest confidence.