



CanMed Wellness Society

Alternative solutions to medication!

892 Commercial Drive
Vancouver, British Columbia
V5L 3Y5

☎ 604 620 8536
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✉ canmedwellness@gmail.com

MEMBERSHIP APPLICATION

Applicant's Name: Date of Birth:
First Last DD MM YYYY

Address: City:

Province: Postal Code:

Phone Number(s): Email:

MMAR# (if applicable):

Medical Condition(s) and Symptoms:

Physician's Name:

Address:

City: Prov: Postal Code:

Phone Number(s):

- Medical Doctor
- Naturopath
- Nurse Practitioner

Are you currently taking any prescribed pharmaceuticals? Yes No

If yes, please list:

Have you ever used Medicinal Cannabis? If yes, for how long?

Does Medicinal cannabis alleviate your symptoms?

Does Medicinal cannabis provide a better lifestyle? if yes, why?

I hereby declare that the information stated above is factual:

Applicant's Signature

-----/-----/-----
Date



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