



Mailing address: #1 518 304 Street, Kimberley BC V1A 3H5
 All memberships enquiries: membership@tamarackdispensaries.ca
 TEL: 778-481-5297 FAX:778-481-5293
 www.tamarackdispensaries.ca
 Retail location: #1 518, 304 Street, Kimberley BC V1A 3H5
 Canada-wide mail order service!

Membership Package Checklist For Online Applications

Name: _____

Date: _____

Phone number: _____

Email: _____

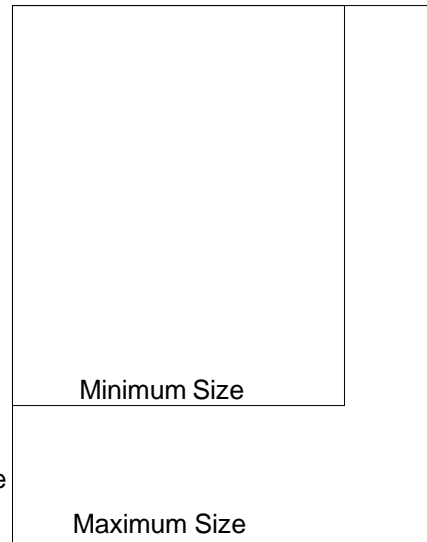
Where would you like to pick up your card (circle one) : Kimberley

Mail Order

Please check that your membership package includes the following:

- Application for Registration** – signed and dated
- Code of Conduct** – read, checked boxes, signed and dated
- Photocopy of government issued photo ID**
- Passport sized photo** – certified as likeness

Size guide for photograph



A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show a full frontal view of your head and shoulders against a **plain contrasting background**.
- No hats or sunglasses (Except in the case of a medical condition)
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.

Physician's Statement* or copy of MMPR/MMAR authorization.

DO NOT AFFIX PHOTO

- Included
- Has been/will be faxed

| | | |
|--------------------------------------|-----------------------------|--------------------------------|
| ADHD | Depression | Muscular Dystrophy |
| AIDS/HIV | Eating Disorders | Nausea – Chronic and |
| debilitating Anxiety/Stress Disorder | Eczema | Neuralgia |
| Arthritis | Emphysema | Paraplegia/Quadriplegia |
| Asthma | End of life/Palliative care | Psoriasis |
| Brain/Head Injury | Epilepsy | Parkinson's Disease |
| Cancer | Fibromyalgia | Radiation Therapy |
| Cerebral Palsy | Glaucoma | Seizure Disorders |
| Chemotherapy Treatment | Hepatitis C | Sleep Disorders |
| Chronic Pain | Irritable Bowel Syndrome | Spinal Cord Injury |
| Colitis | Chronic Migraines | Substance Addiction/Withdrawal |
| Crohn's Disease | Multiple Sclerosis | |

All other diagnoses require a recommendation for the use of cannabis from your health care practitioner.

Please note: when you pick up your card, you must show your photo ID. No exceptions.

For office use only:
Notes:

Contacted by: email/phone date _____

Date of approval: _____

Membership number _____