



office use only

Application -	_____
Till -	_____
Database -	_____

**Application for Registration**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_

Postal Code \_\_\_\_\_ Ph number(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Medical Condition/ Symptoms \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Name \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_

Phone number(s) \_\_\_\_\_

How long have you been using cannabis? \_\_\_\_\_

How long have you been using cannabis as medicine? \_\_\_\_\_

How does cannabis affect your symptoms? \_\_\_\_\_

\_\_\_\_\_

How much/how often do you use cannabis? \_\_\_\_\_

How did you hear about Tamarack Dispensaries? \_\_\_\_\_

Are you registered with Health Canada under the MMAR, MMPR or Access to Cannabis for Medical

Purposes Regulations (ACMPR)? \_\_\_\_\_

**I hereby declare that the information stated above is factual:**

Applicant's signature \_\_\_\_\_

Date signed \_\_\_\_\_

Printed name \_\_\_\_\_

All dispensary members who provide an email address **WILL** receive email updates about new products, plus the dispensary's e-newsletter. If you do not wish to receive these emails please check this box