

# REGISTRATION FORM A - APPLICANTS WITH A RESIDENCE

**Note:** To complete your application, an original medical document is also required.

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender  Male  Female  Other  
Type of Residence  House  Apartment  Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ PO Box \_\_\_\_\_  
Shipping Address (if different from above) \_\_\_\_\_  
Native Status  Yes  No VAC Number \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

## CAREGIVER INFORMATION (IF APPLICABLE)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender  Male  Female  Other  
Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

## ACKNOWLEDGMENT

The applicant acknowledges the following:

- The applicant is ordinarily a resident of Canada.
- A valid, original medical document accompanies this application.
- The information in this application and in the medical document is correct and complete.
- The medical document is not being used to acquire fresh or dried marijuana or cannabis oil from another source.
- The applicant will use fresh or dried marijuana or cannabis only for their own medical purposes.

The caregiver acknowledges that they are responsible for the client (if applicable).

**Applicant Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_  
**Caregiver Signature (if applicable)** \_\_\_\_\_  
**Date** \_\_\_\_\_