

Penticton Compassion Society

Application for Registration

Applicant must be 19 years of age and provide a copy of Government issued I.D.

First name: _____ Middle: _____ Last: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Phone number(s): _____

E-mail: _____

Medical condition(s) and symptoms _____

How long have you been using cannabis? _____

How long have you been using cannabis as a medicine? _____

How does cannabis affect your symptoms? _____

How much/how often do you use cannabis? _____

I hereby declare that the information stated above is factual:

Applicant's signature: _____ Date: _____

Thank you for applying to be a member at Penticton Compassion Society

* Penticton Compassion Society reserves the right to limit the amount of medication supplied to any of its members.