



Green Era Medicinal Society
11781 Fraser Street
Maple Ridge B.C. V5X 6C6
Phone: 604-476-3796
Email: Info@greenera.ca
Website: www.greenera.ca

APPLICATION FOR MEMBERSHIP

Applicants Name: _____

Address: _____ City: _____ Prov: _____

Postal code: _____ Phone number(s): _____

Email: _____

Date of Birth: _____ MMAR # (if applicable): _____

Medical condition(s) and symptoms: _____

Physician's name: _____

Address: _____ City: _____ Prov: _____

Postal code: _____ Phone number(s): _____

Optional Question:

Are you presently taking any prescription pharmaceuticals? Yes__ no _____

If you answered "yes", please list your drug regimen as well as any side effects: _____

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? _____

Does this dosage alleviate your symptoms? _____

I hereby declare that the information stated above is factual:

APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____

PRINTED NAME: _____