



CLIENT REGISTRATION AND ORDERING REGISTRATION

1316 Kingsway Vancouver, BC Canada

E-mail: registration@medpotnow.com

Website: www.medpotnow.com

Application Instructions

Eligibility. An individual is eligible to be a client of a licensed producer **only** if they ordinarily reside in Canada. To apply for a registration, please complete an application packet as described below. If you make a mistake, please complete a new form.

Do not write over, whiteout or cross-out information. This will void the form.

A complete application packet includes:

1. An Application for Registration completed by the applicant or Person responsible for the applicant, signed and dated.
2. A copy of your medical document completed by your health care practitioner.
3. A copy of Canadian ID. If you do not have a Canadian ID, submit proof of identity and Canadian residency.
4. If the application is being filled out by the responsible person, a copy of Responsible Person(s) valid Canadian ID.

1. Medical Marihuana Registration Application

- a. Please complete the entire application. **Write or type clearly** and neatly.
- b. Mark your application as 'NEW' if you have **never registered** with our organization. If you have previously been registered, regardless of the year, mark your application as 'RENEWAL.'
- c. Submit renewal applications **between 45 to 60 days before your card expires** to allow time for processing. Renewal applications more than 60 days before the card expiration date are rejected as duplicate applications.

2. Health Care Practitioner Certification

- a. Your health care practitioner must complete, sign, and date the Medical Document.
- b. The signing health care practitioner must be one of the following.
 - i. A *Medical Practitioner* who is registered and entitled under the laws of a province to practice medicine in that province; and is not named in a notice issued under section 59 of the *Narcotic Control Regulations* that has not been retracted under section 60 of those Regulations, or
 - ii. A *Nurse Practitioner* within the meaning of section 1 of the *New Classes of Practitioners Regulations* who is permitted to prescribe dried marihuana in the province in which they practice; and is not named in a notice issued under section 59 of the *Narcotic Control Regulations* that has not been retracted under section 60 of those Regulations.

3. **Application packets must be sent separately.** Only one application packet per envelope. If sending by certified mail, certify each envelope separately.
4. **Please allow 1 to 2 weeks** from the date we receives your paperwork for application processing. If you have not received a response within 2 weeks, please contact us. Once complete your Registration document and unique identifier will be mailed to the address on your application.
5. **DO NOT send** in any additional paperwork to support your application, unless requested by the Registry. Any non-required paperwork is shredded.
6. **Submit all items by mail, email or fax. (registration@medpotnow.com | Fax 1-855-373-3420)**

Mail To:

Application Processing
MPN Society
1316 Kingsway
Vancouver, BC Canada
V5V 3E4

Drop-Box:

Currently not available.



Form A - APPLICATION FOR REGISTRATION Medical Marijuana

Warning — Dried marihuana is not an approved drug or medicine in Canada. The Government of Canada does not endorse the use of marihuana, but the courts have required reasonable access to a legal source of marihuana when authorized by a physician.

Applicant Information

This form is to be used to apply for:

a new registration **OR** a renewal of a registration if changes since your last renewal or amendment

Surname (Last Name)

Date of birth
Year Month Day

Sex
 Female
 Male

Given name(s)

Residing Address:

Apartment Number:

City:

Province:

Postal Code:

Telephone #

Fax #

E-mail:

This address is: A private residence (E.G., HOUSE OR APT.) **OR** Not a private residence (E.G., SHELTER, HOSPICE, HOSPITAL, ETC.)
If this option is selected you must complete a proof of residence **Section D**

Mailing address (if different from above)

Address:

Apartment Number:

City:

Province:

Postal Code:

Section D — Only complete this section if you have selected “Not a private residence “

Name of Establishment:

Type of Establishment:

DECLARATION by Responsible Authority

By signing, I certify that I am a responsible authority of the above listed establishment and that we provide food, lodging or other social services to the Applicant listed above.

Signature by Responsible Authority

DATE

Shipping Address: *The dried marijuana must be delivered either directly to you or to you through your health care practitioner.*

I wish to have it delivered to: Residing Address Mailing address My health care practitioner (Must Complete **Section H**)

Section H — Only complete this section if you have selected “My health care practitioner “

Healthcare Practitioner’s Name

Address:

Unit Number:

City:

Province:

Postal Code:

Telephone #

Fax #

E-mail:

DECLARATION by Healthcare Practitioner

By signing, I consent to receive dried marijuana on behalf of the Applicant listed above.

Signature by Healthcare Practitioner

DATE



For More Information:
Tel: 855-333-3420
Email:
registration@medpotnow.com
www.medpotnow.com

Your Registration Form
Version 420.1: Jan 2014
Med Pot Now Society

Individual(s) Responsible For The Applicant (Please fill this section ONLY if you are the responsible person for the applicant)

Given name(s)		Surname (Last Name)		Date of birth Year Month Day			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Telephone #		E-mail:					
DECLARATION by Responsible Person By signing, I consent to assuming significant responsibility for managing the above-mentioned applicant's well being.		_____ <i>Signature by Responsible Person</i>				DATE	
Given name(s)		Surname (Last Name)		Date of birth Year Month Day			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Telephone #		E-mail:					
DECLARATION by Responsible Person By signing, I consent to assuming significant responsibility for managing the above-mentioned applicant's well being.		_____ <i>Signature by Responsible Person</i>				DATE	

The Applicant and/or The Person Responsible For The Applicant Must Agree To The Following:

<p>DECLARATION by Applicant and/or Responsible person</p> <p>The applicant is ordinarily a resident in Canada; the information in the application and the medical document is correct and complete; the medical document is not being used to seek or obtain dried marijuana from another source; the original of the medical document accompanies this application; and the applicant will use dried marijuana only for their own medical purposes. The applicant gives consent to the Med Pot Now Society to forward the necessary personal information to our service providers for purchasing, shipping and distribution purposes only. The applicant acknowledges and agrees that he or she is using any medical marijuana product obtained from the Med Pot Now Society at his or her own risk, and releases the Med Pot Now Society from any and all actions, claims, complaints and demands for damages, loss or injury whatsoever arising directly or indirectly as a consequence of the use of medical marijuana obtained from the Med Pot Now Society. Note: this consent is required to receive our products.</p>	_____ <i>Signature by Responsible Person</i>	
	DATE	Signed at (City, Province/Territory)



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