



THE ALWAYS GROWING GREEN SOCIETY  
11696 224<sup>th</sup> Street  
Maple Ridge, BC V2X 6A2  
Phone: 604-477-0557  
Fax: 604-477-0575  
[Taggs420@live.com](mailto:Taggs420@live.com)  
<http://www.taggsdispensary.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: \_\_\_\_\_

\*T.A.G.G.S. DISPENSARY RESERVES THE RIGHT TO LIMIT THE AMOUNT OF MEDICATION