

FORM MAY BE FILLED OUT IN ADOBE READER AND PRINTED FOR SIGNING AND COMPLETION

# STEP 1:

## APPLICATION FOR MEDICAL CANNABIS



### APPLICANT INFORMATION

First Name

Last Name

Email Address

Phone Number

Birthdate (YYYY/MM/DD)

Gender

☐

Male

☐

Female

☐

Other

### PRIMARY RESIDENCE (MUST BE IN CANADA)

Unit #

Street Address

City / Town

Province

Postal Code

Fax Number (If Applicable)

### INDIVIDUAL RESPONSIBLE FOR THE APPLICANT (CAREGIVER INFO)

ONLY COMPLETE IF YOU ARE THE **INDIVIDUAL RESPONSIBLE FOR THE APPLICANT.**

☐

Not Applicable

First Name

Last Name

Birthdate (YYYY/MM/DD)

Gender

☐

Male

☐

Female

☐

Other

Unit #

Street Address

City / Town

Province

Postal Code

Phone Number

Email Address

I am Responsible for (Print Name of Applicant)

Relationship to Applicant

**IMPORTANT: Applicant or Individual Responsible for Applicant must sign, print name, and date below.**

Signature

Print Full Name

Date (YYYY/MM/DD)

x

**SHIPPING ADDRESS** (WHERE YOU WISH TO RECEIVE YOUR APOTHECARY PRODUCT)

Name

Unit #

Street Address

City / Town

Province

Postal Code

☐

Check this box if shipping to a healthcare practitioner

☐

Check this box if the address is the same as your primary residence

**COMPASSIONATE PRICING PROGRAMS**

Apothecary understands that life comes with many hardships. We are proud to offer discount programs that can relieve some of the financial burden from purchasing medical cannabis.

Please indicate if you are applying for one of the following Compassionate Pricing Programs:

☐

Seniors Pricing Program

☐

Disability Pricing Program

☐

Low-Income Pricing Program

☐

Veterans Pricing Program

- If you have coverage for medical cannabis through the Veterans Affairs Canada (VAC) program, please provide your Medavie Blue Cross insurance number. We will support you with direct billing to VAC on your behalf.
- Medavie Blue Cross insurance number:

Send documents that support your eligibility for the Compassionate Pricing Program, by mail, fax or e-mail to:

**Mail:** APOTHECARY BOTANICALS 116-1776 BROADWAY ST PORT COQUITLAM BC V3C 2M8

**Fax:**

**Email:** [patients@apothecarybotanicals.ca](mailto:patients@apothecarybotanicals.ca)



## ACKNOWLEDGEMENT OF APPLICANT OR INDIVIDUAL RESPONSIBLE FOR APPLICANT

**Whether you are the Applicant or the Individual Responsible for the Applicant, you need to sign this application form certifying that:**

- The Applicant acknowledges that some of the information provided in this document may be shared with Apothecary and its affiliates, as well as Health Canada, our service providers, Veterans Affairs, and/or insurance providers, as applicable.
- The Applicant gives Apothecary and its affiliates permission to share their ordering information with their prescribing physician and/or the clinic through which they received their consultation.
- The Applicant ordinarily resides in Canada.
- The information in the application, and the medical document or registration certificate, as applicable, is correct and complete.
- The medical document or registration certificate, as applicable, is not being used to seek or obtain medical cannabis products from another source.
- The original of the Medical Document accompanies the application.
- The Applicant will use medical cannabis only for their own medical purposes.
- The Applicant acknowledges that he/she is using medical cannabis at their own risk and that Apothecary is not liable for any damages, loss, or injury whatsoever that results, either directly or indirectly, from the use of medical cannabis.
- By signing this acknowledgment form, the Applicant allows Apothecary to (a) send product and registration information to the physical and email addresses provided therein, and (b) communicate with them via email regarding registration status, product availability, order status, and other matters in accordance with Apothecary's Privacy Policy.
- Applicant consents to Apothecary's collection, use and disclosure of necessary personal information in order to process this registration, to provide products or services, to comply with the Cannabis Act and other applicable legislation (including disclosure of personal information to provincial licensing authorities upon request), and otherwise in accordance with Apothecary's Privacy Policy.
- At any time, the Applicant may access their personal information contained in Apothecary's records and correct such information if necessary, by contacting Apothecary.

☐ I would like to subscribe for updates from Apothecary.

☐ I am a Canadian resident, over the legal age to consume cannabis products, and have read and agree to the above statements.

**IMPORTANT: Applicant or Individual Responsible for Applicant must sign, print name, and date below.**

Signature

Print Full Name

Date (YYYY/MM/DD)

x \_\_\_\_\_