



Mailing address: PO Box 999 Whitewood Saskatchewan Canada S0G 5C0

All memberships enquiries: questions@marijuanamailorders.com TEL: 306-735-7537

FAX: 306-735-2616

www.marijuanamailorders.com www.cureyourowncancer.ca Retail locations: 604 3RD

Ave, Whitewood SK

Canada-wide mail order service!

Membership Package Checklist

Name: _____ Date: _____

Phone number: _____ Email: _____

Where would you like to pick up your card (circle one) : Whitewood Mail Order

Please check that your membership package includes the following:

- Application for Registration – signed and dated
- Code of Conduct – read, checked boxes, signed and dated
- Photocopy of government issued photo ID
- Passport sized photo – certified as likeness

A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show a full frontal view of your head and shoulders against a **plain contrasting background**.
- No hats or sunglasses (Except in the case of a medical condition)
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.

Size guide for photograph

Minimum Size
Maximum Size

Physician's Statement* or copy of MMAR license

DO NOT AFFIX PHOTO

- Included
- Has been/will be faxed

* For the following conditions, only a confirmation of diagnosis is required.

ADHD	Depression	Muscular Dystrophy
AIDS/HIV	Eating Disorders	Nausea – Chronic and debilitating
Anxiety/Stress Disorder	Eczema	Neuralgia
Arthritis	Emphysema	Paraplegia/Quadriplegia
Asthma	End of life/Palliative care	Psoriasis
Brain/Head Injury	Epilepsy	Parkinson's Disease
Cancer	Fibromyalgia	Radiation Therapy
Cerebral Palsy	Glaucoma	Seizure Disorders
Chemotherapy Treatment	Hepatitis C	Sleep Disorders
Chronic Pain	Irritable Bowel Syndrome	Spinal Cord Injury
Colitis	Chronic Migraines	Substance Addiction/Withdrawal
Crohn's Disease	Multiple Sclerosis	Lyme Disease

All other diagnoses require a recommendation for the use of cannabis from your health care practitioner.

Please note: when you pick up your card, you must show your photo ID. No exceptions.

For office use only:

Contacted by: email/phone date _____

Notes: _____

Date of approval: _____ Membership number _____



CUREYOUROWNCANCER.CA
THE TRUTH IS OUT THERE

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APPLICATION FOR REGISTRATION

Applicant's Name: _____

Address: _____ City: _____ Prov: _____

Postal code: _____ Phone number(s): _____

Date of Birth _____ E-mail _____

MMAR # (if applicable) _____

Other Dispensaries Name, Location & Member# _____

Medical condition(s) and symptoms: _____

Physician's name: _____

Address: _____ City: _____ Prov: _____

Postal code: _____ Phone number(s): _____

Optional:

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? _____

How did you hear about Martin Medical Services? _____

I hereby declare that the information stated above is factual:

APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____

PRINTED NAME: _____

All Dispensary members who provide an email address will receive email updates about medical marijuana activism, plus The Dispensary's e-newsletter. If you **do not** wish to receive these emails please check this box.

*MARTIN MEDICAL SERVICES RESERVES THE RIGHT TO LIMIT THE AMOUNT OF MEDICATION



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CODE OF CONDUCT:

PLEASE CHECK EACH BOX AFTER READING THE SECTION.

VIOLATION OF THESE CODES OF CONDUCT WILL RESULT IN A TEMPORARY OR PERMANENT SUSPENSION OF SERVICES.

NO RESELLING. NO SHARING. We provide medicinal cannabis for you only. Any reselling or sharing of your medicine is forbidden. If you are caught reselling any products purchased from the MMS you will be permanently banned from receiving services.

BE POLITE. We are doing our best to provide a service to our clients. Please treat the staff and other members of the MMS with politeness and respect.

BE RESPONSIBLE. Please use your medicine in a respectful and responsible way. Please do not smoke cannabis on the street or by our front door. Do not drive or operate heavy machinery if you are impaired by cannabis.

KEEP US INFORMED. Please let us know about any quality issues you have with our products. Good or bad, please let us know what works and what doesn't work.

DO NOT TRANSPORT ANY CANNABIS OUT OF CANADA.

CAUTIONS:

IMPAIRMENT:

Cannabis may potentially cause a temporary decrease in coordination and cognitive abilities, and short-term memory loss while medicated. Do not drive or operate heavy machinery if impaired by cannabis products. Be especially careful of impairment when eating cannabis products or using extracts. Do not eat cannabis products before swimming or driving.

ALCOHOL:

Cannabis mixed with alcohol may cause vomiting and nausea. We recommend limiting or stopping your intake of alcohol when using cannabis products.

IRRITATION:

Heavy smoking with no harm reduction techniques may lead to respiratory irritation.

BLOOD PRESSURE:

Initial increase in heart rate and/or blood pressure may be problematic for those with heart conditions or severe anxiety. Those receiving digitalis or other cardiac medications should use cannabis under careful supervision by a medical doctor.

WITHDRAWAL:

There are no significant withdrawal effects when cannabis use is ceased or decreased, however minor restlessness, nausea, and fatigue may be experienced. Symptom relief will also cease or be decreased.

THE LAW:

It is still illegal in Canada to possess, grow, or distribute cannabis. Know your rights and take precautions to avoid the harmful effects of arrest, cannabis seizure, imprisonment and criminal record.

ACKNOWLEDGEMENT:

- I accept that the MMS makes no guarantees or medical claims, and I hereby agree for myself, my heirs and executors to waive any claims against MMS and its employees.
- I have read this form and agree to abide by the code of conduct and cautions listed above.

Name: _____

Signature: _____

Date: _____

Martin Medical Services reserves the right to terminate membership at any time.

All documents submitted to Martin Medical Services are the property of MMS and are held in the strictest confidence.