



BC Pain Society
www.bcpainsociety.com
Ph. 604.336.4740 Fax 604.608.9461
Membership agreement please read and sign

BC Pain Society Membership Application

- Use of BCPS (BC Pain Society) is at your own risk and you have chosen to enter the premises voluntarily
- BCPS has the right to revoke my membership at any time for any reason without prior notice
- You must provide my membership card as requested by BCPS or law enforcement officials
- You are applying for a membership to treat a condition that has been discussed with your doctor
- You will not re-sell, barter, share, give away or traffic in any way, the products you receive from BCPS
- To the best of your knowledge all information provided on this form is complete and accurate. You absolve BCPS of all liability for any injury or damages howsoever caused while on the premises.
- You are of sound mind to make decisions regarding your health and have chosen to use cannabis as an alternative to traditional medicine and are aware of the health risks involved. You acknowledge that nothing on this form has been evaluated by Health Canada and absolve the directors and volunteers of BCPS of all liability
- **You are aware of the laws regarding marijuana sales and possession and accept the risk involved. Yes No**

Do you wish to utilise our mail order service YES NO

Mr. Mrs. Miss First: _____ Last: _____

Telephone: _____ E-mail: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date: _____ Signature: _____

Do you authorize a "caregiver" to purchase and pick-up your medicine for compassionate reasons (must be spouse, common-law, parent or at our discretion) Y N

Name of caregiver _____

Office use only:

Qualifying document: _____ Membership #: _____

Notary - Yes No Signature: _____