



THE ALWAYS GROWING GREEN SOCIETY
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Maple Ridge, BC V2X 6A2
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<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