



Victoria Cannabis Buyers Club

Application for Membership

826 Johnson St.
Victoria, BC
V8W 1N3

For more information
see: <https://vcbc.live>
PH: (250) 381-4220

Club copy :

Patient copy :

Member #: _____

Applicant's Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone number(s): Home: _____ Work: _____ Cell: _____

Date of birth (dd/mm/yyyy): _____ E-mail: _____

I would like to receive information about product updates and an occasional newsletter:

Physician's name: _____

Proof of condition

Doctor's recommendation or MMAR

MMPR

Medical condition(s) and symptoms

How did you hear about the club? _____

Do you consent to the release of your medical information to other dispensaries for the purposes of diagnosis confirmation? Yes No

_____ (Initial) **Confidentiality: VCBC will not release your personal information unless under court order, an emergency situation where you or another are in danger, or with your written consent.**

_____ (Initial) **While the VCBC may discuss options with you based on information and feedback from other patients, the VCBC is not responsible for any negative responses to using our cannabis products including; physical, mental health or other health problems.**

_____ (initial) Due to its broad range of effects, cannabis can cause a variety of potentially negative interactions with many over-the-counter and prescription medications, as well as most recreational drugs. **See our "Interactions" pamphlet for more details.**

_____ (initial) Membership is a privilege, not a right and may be revoked at any time at the club's sole discretion. Appeals may be made in writing to the HR Committee.

Rules (please initial each point after reading)

_____ You may not resell any part of your purchase. Doing so will result in immediate termination of your membership.

_____ Do not smoke or expose cannabis within a one block radius of the club.

_____ Do not loiter in front of the store at any time including before store opens.

_____ Do not park in the commercial loading or residential pickup zones outside of the club at any time.

_____ Friends may not wait outside the store or anywhere on the block.

_____ We are a no scent environment. Please maintain good hygiene and refrain from wearing any perfumes, colognes, scented deodorant or any other strong scents.

_____ You must be over the age of 19 to enter the VCBC.

_____ If you have a contagious disease such as the flu or a cold, please do not visit the club unless absolutely necessary.

_____ If you are intoxicated, rude, or disruptive you may be refused service and/or asked to leave.

_____ Discrimination, slander, religious persecution, defamation of character, harassment, and intimidation are not tolerated on VCBC premises. Any of these actions will result in a suspension of service and membership may be revoked.

_____ Do not drive or operate heavy equipment while under the influence of our products.

_____ Store all medicated products out of the reach of both children and pets.

I, _____ have read and understood the rules and policies of the VCBC. I consent for the VCBC to purchase cannabis on my behalf and I agree to respect the rules and environment of the VCBC.

Signature _____

Date (dd/mm/yyyy)

Staff Name: _____

Signature: _____