



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 and email updates about the club :

Physician's Name: _____

Physician's Signature: _____

Physicians Stamp

Proof of condition Doctor's recommendation Naturopath ACMPR

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) 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 park in the commercial loading or residential pickup zones outside of the club at any time.** Our neighbours get mad when we take their parking spots.

_____ Friends may not wait outside the store or anywhere on the block. Please bring them inside where they are welcome to wait in the lobby area.

_____ 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. You are welcome to send a caregiver or see if a delivery is possible as an alternative.

_____ 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: _____