

# Registration Application

Complete if you have a permanent residence

Questions?  
Email: [info@redecanpharm.ca](mailto:info@redecanpharm.ca)

Mail or Courier Completed Documents To:  
RedeCan Pharm P.O. Box 138 Ridgeville,  
Ontario L0S 1M0

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_  
Given First Name(s) Surname (Last Name)

Date of Birth: \_\_\_\_\_ Gender: Male  
Female  
Day / Month / Year

## CONTACT INFORMATION - Primary Residence (Must Be In Canada & Cannot Be Post Office Box)

Primary Residence: \_\_\_\_\_  
Unit # Street Address 1 Street Address 2 (If Applicable)

Residence Type: \_\_\_\_\_  
City Province Postal Code  
Private home Nursing Home Shelter Hostel Group Home Other

If Other, Please Specify Name of Establishment (if not a private residence)

Contact: \_\_\_\_\_  
Phone Number Fax Number

Email Address

## MAILING ADDRESS

Same as Primary Residence above

Where you receive correspondence. Complete if your mailing address is different than your primary residential address.

Mailing Address: \_\_\_\_\_  
Unit # Street Address 1 Street Address 2 (If Applicable)

City Province Postal Code

## SHIPPING ADDRESS (required)

Same as Primary Residence above

Where you want product shipped. Must be a residence.

Shipping Address: \_\_\_\_\_  
Unit # Street Address 1 Street Address 2 (If Applicable)

City Province Postal Code

**Registration Application**  
Complete if you have a permanent residence

**Questions?**  
Email: [info@redecanpharm.ca](mailto:info@redecanpharm.ca)

**Mail or Courier Completed Documents To:**  
RedeCan Pharm P.O. Box 138 Ridgeville,  
Ontario L0S 1M0

**CAREGIVER / INDIVIDUAL RESPONSIBLE FOR APPLICANT**

Caregiver Name:

Given First Name(s)

Surname (Last Name)

Caregiver Date of Birth:

Day / Month / Year

Gender:

Male

Female

Caregiver Phone Number

**Caregiver / Person Responsible Declaration:**

I am responsible for

Caregiver / Person Responsible Full Name

Applicant's Full Name

Caregiver Signature: \_\_\_\_\_

DATE: Day / Month / Year

**Other Individual(s) Responsible For The Applicant - (If You Have More than One Caregiver)**

Caregiver Name:

Given First Name(s)

Surname (Last Name)

Caregiver Date of Birth:

Day / Month / Year

Gender:

Male

Female

Caregiver Phone Number

**Caregiver / Person Responsible Declaration:**

I am responsible for

Caregiver / Person Responsible Full Name

Applicant's Full Name

Caregiver Signature: \_\_\_\_\_

DATE: Day / Month / Year

**Registration Application**  
Complete if you have a permanent residence

**Questions?**  
Email: [info@redecanpharm.ca](mailto:info@redecanpharm.ca)

**Mail or Courier Completed Documents To:**  
RedeCan Pharm P.O. Box 138 Ridgeville,  
Ontario L0S 1M0

**HEALTH CARE PRACTITIONER INFORMATION**

Complete only if your health care practitioner is consenting to receive dried marihuana on your behalf.

Name: Title Given First Name(s) Surname (Last Name)

Contact: Practitioner Phone Number Practitioner Fax Number Practitioner Email

Clinic Name:

Office Address: Unit # Street Address 1 Street Address 2 (If Applicable)

City

**Consent to Receive Dried Marihuana on Behalf of Applicant**

Ship Dried Marihuana to My Office

Postal Code  
Send Dried Marihuana to Shipping Address above

I consent to receive marihuana on behalf of

Name of Health Care Practitioner  
Health Care Practitioner's Signature: \_\_\_\_\_

Applicant Name

(required if you are consenting to receive dried marihuana on behalf of Applicant)

DATE: Day / Month / Year

**\*IMPORTANT\* – PLEASE READ AND SIGN BELOW** The Undersigned Applicant or Person Responsible Hereby Agrees and Warrants That:

- The Applicant ordinarily resides in Canada.
- The original of the Medical Document accompanies this Application.
- The medical document is not being used to seek or obtain dried marihuana from another source.
- The information in the original application and medical document is correct and complete.
- The Applicant will use dried marihuana only for his or her own medical purposes.
- The Applicant understands and acknowledges that medicinal marihuana is not currently approved for use as a drug in Canada and that its safety and risks have not been fully studied and the appropriate dosage is unclear.
- The Applicant acknowledges and agrees that he or she is using any medicinal marihuana product obtained from RedeCan Pharm at his or her own risk, and releases RedeCan Pharm (and its partners, providers, officers, directors and staff) from any and all actions, claims, complaints and demands for damages, loss or injury whatsoever arising directly or indirectly from the use of medicinal marihuana obtained from RedeCan Pharm.
- The Applicant consents to the health care practitioner named in this document disclosing required personal health information to RedeCan Pharm for the purposes of complying with the requirements of the Marihuana for Medical Purposes Regulations (MMPR). The Applicant understands and agrees that a copy of this consent & registration application may be provided to the health care practitioner named herein.

Applicant/Individual Responsible Signature: \_\_\_\_\_

DATE: Day / Month / Year