



CANADA'S ISLAND GARDEN INC.
 7 INNOVATION WAY
 CHARLOTTETOWN, PRINCE EDWARD ISLAND, CANADA C1E 0B7

PHONE: (902) 370-5500 FAX: (902) 370-5501
 EMAIL: info@canadasislandgarden.com

REGISTRATION APPLICATION

To be completed by Canada's Island Garden Inc. only
APPLICATION NUMBER

Please complete all sections of the registration application below and submit the completed, signed and dated original application to Canada's Island Garden Inc. Include with this application the original completed Medical Document, signed and dated by your health care practitioner. All information on the application must match that on the Medical Document form. Incomplete forms will result in delay or denial of registration.

SECTION 1: APPLICANT INFORMATION

To be completed by the applicant or by an individual who is responsible for the applicant, referred to in Section 2.

First Name(s)	Middle Name (if applicable)	Last Name
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone
Email	Fax	

Preferred Contact Method/ Preferred Contact Time

PRIMARY RESIDENCE

The address of the primary residence in Canada where the applicant ordinarily resides. (If this is not a private residence please complete the name and establishment information in Section 3)

Unit No. (if applicable)	Street No.	Street Address	
City		Province	Postal Code

MAILING ADDRESS

Check box if mailing address is the same as the **Primary Residence Address** provided above.

Unit No. (if applicable)	Street No.	Street Address	
City		Province	Postal Code

SECTION 2: INDIVIDUAL RESPONSIBLE FOR THE APPLICANT (complete if applicable)

To be completed by the individual who is responsible for the applicant. The responsible individual may act on behalf of the registered client. If the applicant would not like to authorize a person to act on the applicant's behalf, this section may be left blank.

First Name(s)	Middle Name (if applicable)	Last Name
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone
Email	Fax	

I _____ attest that I am an individual who is responsible for _____.
Name of Responsible Individual *Name of Applicant*
 Responsible Individual Signature _____ Date(mm/dd/yyyy) _____

SECTION 3: RESIDENTS OF SHELTERS, HOSTELS OR SIMILAR INSTITUTIONS (complete if applicable)

To be completed by individuals who ordinarily reside at a places (care home, shelter, hostel or similar institution) in Canada, which provide social services to the applicant. If the applicant ordinarily resides at a dwelling place of permanent residence, this section may be left blank.

Institution Name	Institution Type	
Street No.	Street Address	
City	Province	Postal Code
Phone	Fax	Email

I _____ attest that my institution provides food, lodging or other social services to _____.
Name of Institution's Manager *Name of Applicant*
 Manager's Signature _____ Date(mm/dd/yyyy) _____



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SECTION 4: HEALTH CARE PRACTITIONER INFORMATION

Complete section 4 below with the information of the health care practitioner who provided the medical document to the applicant.

Health Care Practitioner's Name (Full name, no initials)

Business Address

City

Province

Postal Code

SECTION 5: SHIPPING INFORMATION

Check box if shipping address is the same as the **Primary Residence Address** provided above.

Check box if shipping address is the same as the **Mailing Address** (if different than Primary Residence Address) provided above.

Check box if shipping address is the address of health care practitioner provided above.

I _____ consent to receive dried marihuana on behalf of _____.
Name of Health Care Practitioner *Name of Applicant*

Health Care Practitioner's Signature _____ Date(mm/dd/yyyy) _____

SECTION 6: STATEMENT OF APPLICANT OR RESPONSIBLE INDIVIDUAL

To be completed by the applicant or the individual who is responsible for the applicant. **NOTE:** Carefully read all statements below before signing the application.

The undersigned applicant and/or responsible individual attests to the following:

(1) The applicant is ordinarily a resident of Canada; (2) The information in the Registration Application and the Medical Document is correct and complete; (3) The medical document accompanying this application is not being used to seek or obtain dried marihuana from another source; (4) The original Medical Document accompanies this application; (5) The applicant will use dried marihuana for their own medical purposes; (6) The applicant acknowledges that dried marihuana is not approved for therapeutic use as a drug in Canada and that its use, indications, safety and risks have not been adequately studied, and the appropriate dosage is unclear. The applicant and/or individual who is responsible for the applicant acknowledges that the use of any marihuana for medical purposes product obtained from Canada's Island Garden Inc., is done so at their own risk, and releases Canada's Island Garden Inc. (including its directors, officers, employees and contractors) from any and all actions, claims, complaints, and demands for damages, loss, or injury whatsoever arising directly or indirectly as a consequence of the use of dried marihuana obtained from Canada's Island Garden Inc.

Release of Health Information Consent: By signing below, the applicant or individual responsible for the applicant consents to the disclosure of the applicant's information to the Health Care Practitioner who has signed their medical document in order to process the application; to provide services or marihuana for medical purposes under the application to a registered client; and to comply with the Marihuana for Medical Purposes Regulations.

Applicant Signature _____ Date(mm/dd/yyyy) _____

Responsible Individual Signature (if applicable) _____ Date(mm/dd/yyyy) _____

Once completed, this registration application may be submitted by MAIL to Canada's Island Garden Inc. 7 Innovation Way, Charlottetown PE C1E 0B7. Please ensure that all documents you sent are ORIGINAL. We will not accept photocopies. This application will only be processed once we received the ORIGINAL Medical Document (to be mailed to the address outlined above).

If you have any questions, please contact Canada's Island Garden Inc. by PHONE at (902) 370-5500 or EMAIL: info@canadasislandgarden.com