



W A R M L A N D

MEMBERSHIP PACKAGE



WARMLAND

MEMBERSHIP OVERVIEW

Welcome to Warmland Medicinal Cannabis Centre. Our aim is to provide a consistent, safe, local and dependable source of medicinal cannabis for people suffering from illness or ailments for which marijuana has been shown to be effective.

While our information services (consultations, workshops, seminars etc.) are available to anyone, **the sale of any medicinal cannabis products containing THC is restricted to people who satisfy our membership requirements.** *Note that membership is not required to purchase CBD products, cannabis seeds, vaporizers etc.*

Membership Requirements

To become a member at Warmland, you **must** provide documentation confirming you fall into at least one of the following categories:

- **Category 1: Senior Citizen** – Effective January 1, 2017, the licensing / medical document requirements outlined in the categories below are waived for those aged 65 years of age or older. *If you fall under this category, simply complete the attached “Application” and “Code of Conduct” pages and include proof of age.*
- **Category 2: Federally Licensed** – Clients already authorized to possess cannabis under Health Canada's MMAR or AMCPR regulations. *If you fall under this category, please provide proof of your MMAR/AMCPR authorization. This could be a copy of the medical document, a copy of your card from a Licensed Producer, or a copy of your grow license.*
- **Category 3: Health Care Practitioner Authorized** – Clients who have a written prescription or medical document recommending cannabis from a physician, nurse practitioner, naturopath, psychologist, psychiatrist or doctor of Traditional Chinese Medicine. *If you fall under this category, please provide a copy of your care provider's written authorization. A sample of Warmland's authorization/medical document is attached that you can bring to your care provider.*
- **Category 4: Proof of Recognized Condition** – Clients who have a written diagnosis confirming they suffer from one of the following. *Please provide a note from your health care provider or other official documentation (i.e. from a health insurance or WCB claim etc.) stating the diagnosis.*
 - ADD/ADHD
 - Alzheimer's Disease
 - Amyotrophic Lateral Sclerosis (ALS)
 - AIDS/HIV
 - Anxiety/Stress Disorder
 - Arthritis

- Asthma
 - Brain/Head Injury
 - Cancer
 - Cerebral Palsy
 - Chemotherapy Treatment
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Chronic Pain
 - Colitis
 - Crohn's Disease
 - Depression
 - Diabetes
 - Eating Disorders
 - Eczema
 - Emphysema
 - End of life/Palliative care
 - Epilepsy
 - Fibromyalgia
 - Glaucoma
 - Hepatitis C
 - Irritable Bowel Syndrome
 - Kidney Failure/Dialysis
 - Lyme Disease
 - Migraines
 - Multiple Sclerosis
 - Muscle Spasms
 - Muscular Dystrophy
 - Nausea – Chronic and debilitating
 - Neuralgia
 - Paraplegia/Quadriplegia
 - Post Traumatic Stress Disorder
 - Psoriasis
 - Parkinson's Disease
 - Radiation Therapy
 - Seizure Disorders
 - Sleep Disorders
 - Spinal Cord Injury/Disease
 - Substance Addiction/Withdrawal
- **Category 5: Member of an Approved Dispensary or Compassion Club** - If you are a member in good standing of the *BC Compassion Club Society (BCCCS)*, the *London Compassion Society (LCS)*, the *Toronto Compassion Centre (TCC)*, the *Victoria Cannabis Buyer's Club (VCBC)* or the *Vancouver Island Compassion Society (VICS)*, Warmland will waive the licensing / medical document requirements outlined in the categories above upon proof of membership.

Warmland will also waive the licensing / medical document requirements if you are a member of a dispensary or compassion club that belongs to the *Canadian Association of Medical Cannabis Dispensaries (CAMCD)*. See www.camcd-acdcm.ca for the current list of members. (As of January 2017, CAMCD-approved dispensaries are: *Aloha Brothers Wellness Society, Apollo Medical Centre, Aura Health Studio & Dispensary, BC Compassion Club Society, Be Kind Okanagan Growers & Compassion Club, Buddha Barn, C.A.L.M., CannaClinic, Cannawide Dispensary, Eden Medicinal Society, Green Rhino, iMedikate, M.A.C.R.O.S., Martin Medical Services, MMJ Canada, My Remedy Wellness Society, Stressed & Depressed, Sunrise Wellness, The Herb Co., The Village Dispensary, Toronto Compassion Centre, Urban Earth Med, West Coast Medicann.*)

Temporary Membership

If you are a member of a Canadian dispensary or compassion club not included in Category 5 above, Warmland will waive the license / medical document requirement for a *two week period* to provide you with time to obtain a copy of your medical documentation from the dispensary or from your health care provider. Note that temporary memberships are not available for mail orders and must be processed in-person at our Mill Bay centre.



WARMLAND

APPLICATION

Name: _____

Date of Birth: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

Sign up for the Warmland email newsletter? Yes No

How did you learn of Warmland?

Friend Relative Health Care Practitioner Internet Print Ad Other

Medical condition(s) and symptoms:

I hereby declare that the information stated above is factual:

Signature: _____

Printed Name: _____

Date Signed: _____



WARMLAND

CODE OF CONDUCT

NO RESELLING. NO SHARING. If you are caught reselling any products purchased from Warmland, you will be permanently banned from receiving services.

BE POLITE. We are doing our best to provide a service to our clients. Please treat the staff and other Warmland members with politeness and respect. Warmland reserves the right to refuse service to anyone who is being disruptive or disrespectful.

BE RESPONSIBLE. Please use your medicine in a respectful and responsible way. Please do not use cannabis on the street or by our front door. Do not drive or operate heavy machinery if you are impaired by cannabis. **DO NOT TRANSPORT ANY CANNABIS OUT OF CANADA.**

CAUTIONS:

- **IMPAIRMENT:** Cannabis may potentially cause a temporary decrease in coordination and cognitive abilities, and short-term memory loss while medicated. Do not drive or operate heavy machinery if impaired by cannabis products. Be especially careful of impairment when eating cannabis products or using extracts. Do not eat cannabis products before swimming or driving.
- **ALCOHOL:** Cannabis mixed with alcohol may cause vomiting and nausea. We recommend limiting or stopping your intake of alcohol when using cannabis products.
- **IRRITATION:** Heavy smoking with no harm reduction techniques may lead to respiratory irritation.
- **BLOOD PRESSURE:** Initial increase in heart rate and/or blood pressure may be problematic for those with heart conditions or severe anxiety. Those receiving digitalis or other cardiac medications should use cannabis under careful supervision by a medical doctor.
- **WITHDRAWAL:** There are no significant withdrawal effects when cannabis use is ceased or decreased, however minor restlessness, nausea, and fatigue may be experienced. Symptom relief will also cease or be decreased.

I accept that Warmland makes no guarantees or medical claims, and I hereby agree for myself, my heirs and executors to waive any claims against Warmland and its employees.

I have read this form and agree to abide by the code of conduct and cautions listed above.

Signature: _____

Printed Name: _____

Date Signed: _____



WARMLAND

MEDICAL DOCUMENT

This document must be completed an authorized health care practitioner (physician, nurse practitioner, psychologist, psychiatrist, naturopath or Doctor of Traditional Chinese Medicine.)

Patient's Given Name and Surname: _____

Patient's Date of Birth: _____

Health care practitioner's name: _____

Profession: _____

Health care practitioner's business address: _____

Medical condition(s) and symptoms: _____

Phone Number: _____

Fax Number (if applicable): _____

Email Address (if applicable): _____

Province(s) Authorized to Practice in: _____

Health Care Practitioner's License number: _____

I have discussed the medicinal benefits and risks associated with cannabis use as a treatment for this/these condition(s). Should my patient choose to use cannabis therapeutically, I will continue to monitor his/her condition and to provide advice on his/her progress.

I have discussed the medicinal benefits and risks associated with cannabis use as a treatment for this/these condition(s), but I do not support its use for the following reason(s): _____

By signing, the health care practitioner attests that the information in this document is correct and complete.

Health Care Practitioner's Signature: _____

Date Signed: _____