

# Appendix A3: Registration Application

To be completed if the 'Mailing and/or Shipping addresses are different from the 'Contact Address'

## MAILING ADDRESS (IF DIFFERENT FROM CONTACT ADDRESS)

Address 1

Address 2

City

Province

Postal Code

## SHIPPING ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

Address 1

Address 2

City

Province

Postal Code

To be completed by the Health Care Practitioner who provided the medical document,  
if they consent to receive dried marihuana and/or cannabis oil on behalf of the applicant:

I \_\_\_\_\_, consent to receive dried marihuana and/or cannabis  
oil on behalf of the applicant.  
Health Care Practitioner

Health Care  
Practitioner's Signature

Date

MMM / DD / YYYY