

Member Application and Code of Conduct

VIOLATION OF THESE CODES OF CONDUCT WILL RESULT IN A TEMPORARY OR PERMANENT SUSPENSION OF SERVICES.

NO RESELLING. NO SHARING. We provide medicinal cannabis for you only. Any reselling or sharing of your medicine is forbidden. If you are caught reselling any products purchased from Canna Farmacy, 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 members of Canna Farmacy with politeness and respect.
BE RESPONSIBLE . Please use your medicine in a respectful and responsible way. Please do not smoke cannabis on the street or by our front door. Do not drive or operate heavy machinery if you are impaired by cannabis.
GIVE US FEEDBACK. Please let us know about any quality issues you have with our products Good or bad, please let us know what works and what doesn't work.
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

BLOOD PRESSURE : Initial is those with heart conditions or seven should use cannabis under careful	ere anxiety. Those	receiving digit	alis or other card	•
withdrawal: There are decreased, however minor restless also cease or be decreased.	_			
THE LAW : It is still illegal in and take precautions to avoid the record.	•			
Canna Farmacy reserves the right	to limit medicatio	on and/or term	ninate members	hip at any time.
I accept that the Canna Fa agree for myself, my heirs and exe employees.		-		· · · · · · · · · · · · · · · · · · ·
I have read this form and a	gree to abide by	the code of cor	nduct and caution	ns listed above.
Name:				
Signature				
Address:				
City: Pro	v:			
Postal Code:				
Phone Number(s):				
Email:				
Date of Birth:				
MMAR# (if applicable)				
Physician's Name:				
Date:				
How Did You Hear About Us:		Walked By	_Facebook	_Google
	Member Referra	al – Referrer:		

Other
