



BEARD BROTHERS SOCIETY CONDITIONS OF MEMBERSHIP

RESPONSIBLE USE: This is medicine and as such Members are asked to refrain from consuming in public or near our front door or vicinity.

RESPECT: We aim to provide our Members with the best service. We ask that in return, Member's treat our employees and other Members with politeness and respect.

RE-SELLING & SHARING: We provide medicinal cannabis for qualified and approved Members only. Re-selling or sharing of your medicine is strictly forbidden.

IMPAIRMENT: Cannabis may cause temporary decrease in coordination and cognitive abilities while medicated. Do not drive or operate heavy machinery if impaired by cannabis products. Extra care & caution must be taken with all forms of cannabis derivatives including edibles until effects are known.

ALCOHOL: Cannabis should not be combined with alcohol. Intake should be limited or ceased. Failure to do so can cause adverse reactions not limited to such as vomiting and nausea.

IRRITATION: Heavy smoking may lead to respiratory irritation. We encourage Members to adopt harm reduction techniques to prevent or minimize

WITHDRAWAL: There are no significant withdrawal affects with the decrease of or cessation of cannabis use however patients have reported minor restlessness, nausea, sleeplessness and fatigue. Members can expect symptom relief from cannabis may also cease or decrease.

THE LAW: It is still illegal in Canada to possess, grow, or distribute cannabis. Know your rights and take precautions to avoid the harmful effects of arrest including but not limited to seizure of your medicine and a criminal record.

LIABILITY: I accept that the Beard Brother Society makes no guarantees or medical claims, and I hereby agree for myself, my heirs and executors to waive any claims against the Beard Brothers Society, Beard Brothers Collective, and its employees. I also accept that I am choosing to use cannabis and that any interactions and am doing so at my own risk.

ACCOUNTABILITY: Beard Brothers Society reserves the right to update & revise these conditions at their discretion. Members are expected to periodically review the current version. A copy is available in-store or online at beardbros.ca.

PROOF OF CONDITION (If applying for medical membership): Membership with Beard Brother Society requires Proof of Condition. As such, we reserve the right to request said proof at any time as a condition of ongoing membership. Failure to provide adequate documentation can result in a suspension or termination of membership.

PROOF OF AGE VERIFICATION: Membership with Beard Brother Society requires Proof of Condition. As such, we reserve the right to request said proof at any time as a condition of ongoing membership. Failure to provide adequate documentation will result in termination of membership.

I, _____ **acknowledge that I have been informed of and**

Print Name

understand the above Conditions of Membership with Beard Brothers Society. I also understand that full compliance is non-negotiable for continued membership and as such any breaches will result in immediate revocation of my membership.

Signature: _____ **Date:** _____



BEARD BROTHERS SOCIETY
849 Fort Street
Victoria, BC V8W 1E6
250-590-5299

MEMBERSHIP INTAKE APPLICATION PATIENT INFORMATION

Full Name: _____ DOB: MM / DD / YY

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

MEDICAL HISTORY

Medical Conditions and/or Symptoms:

Are you presently taking any prescription pharmaceuticals? (Circle answer) **YES** **NO**

If yes, please list prescribed medications & any side effects:

Continued see reverse

List all *other* treatments used for your medical condition (massage, herbal therapy, exercise or other – specify):

CANNABIS EXPERIENCE

How long have you been using cannabis as a medicine? _____

How does cannabis affect your symptoms?

Is cannabis your primary choice of medication? (Circle answer) **YES** **NO**

What is your preferred method of using cannabis? (Circle all that apply)

Smoking *Vaporizing* *Ingesting* *Topical*

Frequency of use? (Check mark answer)

Everyday 1-3 times per week More than once\month Other (specify): _____

How much cannabis do you currently use per day, measured in grams: _____

Please note: The Physician does not sign prescriptions for more than 5 grams per day.

I hereby declare that the information stated above is factual:

Applicants Signature: _____ Date Signed: MM / DD / YY

*****Beard Brothers Society reserves the right to limit medication quantity*****