



**GREENCROSS MEDICINAL CANNABIS SUPPORT GROUP of
NEW ZEALAND Inc.**
www.greencross.org.nz
17 Graham St
Levin
Ph (06) 3688181

Application for Support Membership
To be completed by the patient.

Full Name:

Date of Birth:

Address:

Mailing Address:

Email Address:

Phone Number:

Mobile Number:

Medical Condition / Complaint:

Do you have any psychological or other conditions that can be exacerbated by the use of cannabis? Yes/No

Name of your doctor / specialist:

Doctor's contact No:

Hospital or medical institution you attend:

Please include any relevant information or doctor's / specialist's letters with this application form.

From time to time we are contacted by the media wanting people to talk to. Would you be prepared to speak to the media even anonymously? YES NO (circle one)

I am not a member of, nor will I give any GreenCross information to, any law enforcement agency.

I agree to pay \$20.00 for the initial membership fee; this covers the cost of the ID card.

If questioned/arrested we advise you to be polite but firm, be quiet, enter 'no plea' and contact GreenCross

IN SIGNING THIS APPLICATION FORM I DECLARE THAT I HAVE ANSWERED ALL THE INFORMATION TO THE BEST OF MY KNOWLEDGE TRUTHFULLY AND ACCURATELY.

Patient's Signature:

Date: