



#1-518-304 ST Kimberley, BC V1A 3H5  
BUS: 778.481.5297 FAX: 778.481.5293  
Membership inquiries:  
[membership@tamarackdispensaries.ca](mailto:membership@tamarackdispensaries.ca)  
Canada-wide delivery

### Caregiver's Application for Registration

**To be completed by the caregiver:**

Member's name \_\_\_\_\_ Membership # \_\_\_\_\_

Caregiver's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_

Postal code \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Email \_\_\_\_\_

- I understand that as a caregiver, I am not entitled to consume any cannabis purchased on behalf of the member.
- I agree to control the acquisition, dosage and frequency of the medical cannabis used by the member for whom I am primary caregiver.
- I agree that I am the primary caregiver for the member stated above.

Caregiver's signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date signed \_\_\_\_\_

**The caregiver must also provide a photo of government issued photo ID.**

**To be completed by the member:**

- I authorize the above signed to make purchases from Tamarack Dispensaries on my behalf.
- If I believe that the caregiver is making purchases that are not made on my behalf, I will contact Tamarack Dispensaries to have the caregiver's status revoked.

Member's signature \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_