



*Sebastopol
Compassionate
Care*

MEDICAL CANNABIS DELIVERY

www.mdcannabisdelivery.com
sccdscare@gmail.com
(707) 508-6145

Registration

Personal Data:

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

CA Drivers License or ID No. _____

Date of Birth _____

Doctor Data

Patient ID Number _____

Patient ID Exp. Date _____

Doctor's Name _____

Doctor's Phone Number _____

Today's Date _____

Keep me up to date on our events and services (enter your email address). _____

I have read and understand the Collective's rules and/r guidelines and consent to joining this Collective.

I certify under penalty of perjury that (1) the information provided is true and accurate, and (2) I am not seeking membership for fraudulent purposes.

I will not distribute medicine received here to any other person, nor use it for non-medical purposes.

I authorize my recommending physician to verify his/her recommendation or approval for use of medical cannabis (marijuana).

signature _____