



37768 2nd Ave. BOX 1312 Squamish BC V8B 0A9
Membership enquiries: info@99northdispensary.com
[Tel:604.892.9699](tel:604.892.9699) Fax: 604.892.0399
99northdispensary.com

CAREGIVER'S APPLICATION FOR REGISTRATION

To be completed by the caregiver:

Caregiver's Name _____

Address _____ City _____ Prov. _____

Postal Code _____ Phone number(s) _____ Date of Birth _____

E-mail _____

I understand that an invoice will be sent to the member for any purchases on his/her behalf.

I understand that as a caregiver I am not entitled to consume any cannabis purchased on behalf of the member.

Caregiver's Signature _____

Printed Name _____ Date Signed _____

Member's Name _____ Member's Number _____

To be completed by the member:

I authorize the above signed to make purchases from 99 North on my behalf.

If I receive any invoice that lists purchases that were not made on my behalf, I will contact 99 North to have the caregiver's status revoked.

Member's Signature _____

Printed Name _____ Date Signed _____