

The London Compassion Society

Fax – 226.213.4531 / www.londoncompassionsociety.com

CODE OF ETHICS

Members are to respect the guidelines and rules that keep us open and enable us to serve you and other members. Memberships are a PRIVILEGE not a right and can be revoked at any time. Signing this form assures the LCS that all prospective members have an understanding of the rules that have been set.

- #1. **DO NOT RESELL YOUR MEDICINE.** When you are caught doing this your membership will be revoked immediately.
- #2. **DO NOT ARRIVE FOR SERVICE UNDER THE INFLUENCE** of alcohol or any other substance. Your membership may be revoked.
- #3. **DO NOT LOSE YOUR MEMBERSHIP CARD.** If you lose or misplace it, report it IMMEDIATELY (24 HOURS) to the LCS. A Membership card will be replaced ONCE at a cost of \$40.00. The second loss could result in your membership being revoked.
- #4. **DO NOT SMOKE AROUND THE PREMISES** of the LCS. We provide a safe room for you to use your medicine. If you are caught out in plain sight around the building your membership may be revoked.
- #5. **ONE MEMBER IN THE OFFICE AT A TIME.** Care givers will be allowed in if deemed necessary, otherwise they must remain in the waiting area.
- #6. **CALL TO MAKE AN APPOINTMENT EVERY TIME.** Leave a message informing us of your intentions and leave your membership # and your phone #. Failure to inform us of your intentions to come in could result in not being serviced that day.
- #7. **BRING YOUR MEMBERSHIP CARD WITH YOU EVERYTIME.** Failure to do this could result in not being serviced that day.
- #8. Please respect that you have a reliable safe source of Medical Marijuana. Do not abuse your privilege.

I understand the above rules, if violated, put my membership at risk.

Name: _____, Signature: _____, Date: _____

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APPLICATION FORM

Please print clearly

NAME

ADDRESS

TELEPHONE, HOME/OFFICE/OTHER

DATE OF BIRTH

EMERGENCY CONTACT

EMERGENCY CONTACT, PHONE

ALLERGIES, REACTIONS AND ANY SIDE EFFECTS MUST BE REPORTED AND NOTED.

Staff use only

Comments	Client information
	I.D. <input type="text"/>
	ESTIMATED DOSAGE <input type="text"/>
	MEMBERSHIP TERM <input type="text"/>
	PHYSICIAN CONTACT <input type="text"/>
	CATEGORY <input type="text"/>