

REGISTRATION APPLICATION

PLEASE NOTE: To complete the registration, all fields marked with an asterisk (*) must be completed. The Applicant may submit their **Original Medical Document** or a **Copy of their Registration Certificate** along with a copy of their valid photo ID (Driver's license, Passport, etc). This information must match the information that is provided in the Original Medical document or Copy of the Registration Certificate. Incomplete forms will cause a delay in registration. Complete Application forms along with the Original Medical Document or Copy of the Registration Certificate and a valid copy of the photo ID may be submitted by **mail**.

NEW CLIENT RETURNING CLIENT

APPLICATION INFORMATION*

Title	Given Name*	Surname*	
Date of Birth* (MM/DD/YYYY)		Gender* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> I do NOT identify or associate with either gender	
Street Address*		Buzzer # (if applicable)	
City*	Province*	Postal Code*	
Phone Number*	Email Address: <i>This email address will be used to grant you access to the online store to purchase your medication. If no email address is provided, orders will only be possible over the phone.</i>		
The applicant is providing (choose one): <input type="checkbox"/> Original Medical Document <input type="checkbox"/> Copy of Registration Certificate			
Is the applicant seeking to purchase: <input type="checkbox"/> Cannabis Seeds only <input type="checkbox"/> Cannabis Clones only <input type="checkbox"/> Cannabis Seeds and Clones			
Is the applicant registered with another Licensed Producer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, then the name of the Licensed Producer:			
Type of Cannabis purchased through the other Licensed Producer? <input type="checkbox"/> Cannabis Seeds only <input type="checkbox"/> Cannabis Clones only <input type="checkbox"/> Cannabis Seeds and Clones			
Email Consent* <input type="checkbox"/> YES <input type="checkbox"/> NO <i>By checking this box, you consent to receive commercial electronic messages from Apollo Green and third-party companies for marketing purposes. You can unsubscribe from these messages at any time.</i>			

ADDITIONAL APPLICANT INFORMATION (OPTIONAL)

Canadian Armed Forces Veteran K#

APPLICANT SHIPPING/MAILING ADDRESS*

Shipping/Mailing Address is the same as above

Street Address	Buzzer # (if applicable)	
City	Province	Postal Code
Is the shipping address the same as the address in the Registration Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

RESPONSIBLE INDIVIDUAL INFORMATION (IF APPLICABLE)

To be completed by the Individual responsible for the applicant. The responsible individual may act on behalf of the registered client. They may make inquiries, changes and orders on the part of the client.

Title	Given Name*	Surname*
Date of Birth* (MM/DD/YYYY)		Gender* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREFER NOT TO DISCLOSE
Phone Number*	Email Address	

AUTHORIZATION OF APPLICANT AND/OR RESPONSIBLE INDIVIDUAL

The undersigned Applicant and/or Responsible Individual hereby understands, agrees, and warrants that:

1. The Applicant ordinarily resides in Canada, and if the applicant ceases to reside in Canada, they or the responsible adult mentioned above, must notify Apollo Green of their residence status immediately.
2. If the applicant uses their Original Medical Document to register, the applicant or the responsible adult mentioned above, confirms that the document has not been, to the best of their knowledge, altered.
When registering on the basis of a Medical Document, the document must be ORIGINAL. An Authorization to Possess (ATP), Personal Use Production License (PUPL), or Designated Person Production License (DPPL) may not be used to register with an MMPR Licensed Producer (LP), as all validity dates have now passed. Once registration is completed, the Original Medical Document may not be returned to the Applicant or the responsible adult mentioned above, for any reason.
3. When registering on the basis of a Medical Document, the Applicant consents that the Health Care Practitioner (HCP) named in this Application and accompanying Medical Document may disclose to Apollo Green, the applicant’s personal health information for the purposes of processing this registration application complying with the requirements of the Cannabis Regulations. The applicant understands and agrees that a copy of this consent and Registration Application may be provided to the Health Care Practitioner named in this Application and accompanying Medical Document.
4. When registering on the basis on the Registration Certificate, the applicant or the responsible adult mentioned above, attest that the copy of the Registration Certificate provided is an accurate reproduction of the original.
5. All the responsible adults, named above, they attest that they are fully responsible for the applicant.
Registration with a MMPR Licensed Producer (LP) does NOT give the Applicant a license to possess cannabis. It permits the Applicant to purchase cannabis directly from that Licensed Producer for the duration outlined by the Health Care Practitioner (HCP) in the accompanying Medical Document.
6. The Applicant will only use cannabis plants, cannabis plant seeds, dried cannabis and/or cannabis oil obtained from Apollo Green for his or her own medical purposes.
7. The information in this Application and the accompanying Medical Document or Registration Certificate is correct and complete, to the best of the knowledge of the applicant or the responsible adult, mentioned above.
8. The accompanying Medical Document or Registration Certificate is not being used to seek or obtain cannabis plant, cannabis plant seeds or dried cannabis from another source.
The Applicant acknowledges that neither dried cannabis and/or cannabis oil are approved therapeutic products, and that cannabis has not been authorized through the standard Health Canada drug approval process. This is because the current scientific evidence does not establish the safety and efficacy of cannabis to the extent required by the Food and Drug Regulations for marketed drugs in Canada.
9. The Applicant acknowledges that they are using cannabis plants, cannabis plant seeds, dried cannabis and cannabis oil products obtained from Apollo Green at their own risk. The applicant also specifically releases Apollo Green (and it’s service providers, officers, directors, and staff) from any and all actions, claims, complaints and demands for damages, loss or injury whatsoever, whether arising directly or indirectly as a consequence of the use of Apollo Green products or services.
10. In order to receive our products and services, the Applicant and/or Responsible Individual gives consent to Apollo Green to disclose the necessary personal information to Apollo Green service providers, Health Canada, Veterans Affairs, and/or insurance providers as applicable in accordance with Apollo Green Privacy Policy.
- 11.
- 12.
- 13.

14. The Applicant acknowledges that by signing this Registration Application form, you consent to receiving communications from us via email and similar electronic means. Should you wish to deal with us via a different channel or mechanism, you will need to make special arrangements for that by contact us at 613-443-0011.
15. The Applicant acknowledges that their personal information may be accessible by third party companies used by Apollo Green.

RESPONSIBLE INDIVIDUAL SIGNATURE (IF APPLICABLE):

Date* (MM/DD/YYYY):

Once completed, this Registration Application, along with either the Original Medical Document or the copy of the Registration Certificate along with a copy of the applicant's valid photo ID, may be submitted to Apollo Green

Via mail to: 400 Commerce Street, Vars, ON K0A 3H0.

This application will only be processed once all requested documents are completely filled and all supporting documents are received.