

**San Jose Dispensary:**  
**A Medical Cannabis Collective**  
P.O. Box 28593  
San Jose, CA 95159-8593  
(408) 666-2509

## Registration Form

Become a member of our collective by filling out this form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of doctor recommendation or expiration date: \_\_\_\_\_

Patient ID# \_\_\_\_\_

Validation phone #: \_\_\_\_\_

Medical Cannabis Authorization (check one):

Doctor's recommendation with phone number

Or

California state medical marijuana ID card

Or

Medicann ID card

Or

Patient ID card from PatientID (Oakland Cannabis Buyer's Cooperative)

Show the medical cannabis ID card or doctor's recommendation to us the first time we come to your home to bring your medicine. After that, we'll just need to see valid picture ID for further deliveries. Your doctor's recommendation is good for one year.

