

Green Buddha

Patient Co-op Application

I, _____ (print name) declare that I have given Green Buddha Patient Network a valid copy of my Washington State Medical Marijuana authorization and a valid copy of my Washington State photo ID, and that with this application I apply to become a member of the Green Buddha Patient Network.

My contact information is as follows:

My current email address is _____@_____._____.

My current telephone number is _____.

My current mailing address is _____
_____, Washington State, _____

I declare all the information given is truthful and valid,

_____(signature)

_____ 2011