



# Maritimers Unite for Medical Marijuana Society MEMBERSHIP FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## Meetings

- I would like to attend meetings
- I would be willing to carpool
- I may need a drive to be able to participate
- I would be willing to take and transcribe minutes (rotating basis)

## Committees

I would be interested in learning more about/participating in the following committees:

- Rallies/Special events
- Membership
- FUNdraising
- Education (including the website)
- Advocacy

## Rallies and Events

- I would like to attend rallies and special events
- I am willing to assist with some of the odd jobs required:
  - pre-event
  - day of the event
- I can distribute posters/information in my area
- I can print off posters on my printer/please email me \_\_\_\_\_ posters

## Court Support Initiative

I would be willing to support a medical patient or medication provider who's been charged under the CDSA by:

- attending court as an observer
- placing phone calls or writing letters in support of the individual
- taking part in a peaceful protest as a show of support
- other: \_\_\_\_\_

## Website

- I would like to participate in an on-line community of medical marijuana users (visit [www.mumm.ca](http://www.mumm.ca))
- I would like to receive regular emails about MUMM's activities and what is happening with medical marijuana issues in Canada

## Individual Activism

- I will contact my MP to discuss my concerns about the governments mishandling of the medical marijuana program
- I will contact my MLA to tell them that I think the provincial government should offer financial assistance to exemption holders to allow them to purchase/grow their medicine
- I am willing to make a one-time donation to MUMM to assist with reproducing printed materials for distribution
- I am willing to take information packages to doctors in my area

## FUNdraising

- I would like to be informed of MUMM fundraisers
- I would be willing to assist with a BBQ/canteen at MUMM activities
- I would be willing to sell tickets for the Lucky Duck Lotto or on raffle items, etc.
- I would be willing to assist at a flea/farm market table for a few hours on a Sat. or Sunday morning to sell items and distribute information
- I would be willing to donate baked goods, items for a flea market table or items to raffle

## Special Skills/Talents/Abilities

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> photographer             | <input type="checkbox"/> musician                       | <input type="checkbox"/> journalist              |
| <input type="checkbox"/> organizational abilities | <input type="checkbox"/> able to donate items to raffle | <input type="checkbox"/> willing to sell tickets |
| <input type="checkbox"/> computer skills          | <input type="checkbox"/> research skills                | <input type="checkbox"/> graphic arts            |
| <input type="checkbox"/> OTHER: _____             |   |  |

COMMENTS: \_\_\_\_\_

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## Membership Fees

- \$5.00 for a regular, lifetime membership (for patients, caregivers, and medication suppliers). No potential member will be refused if they are unable to afford the membership fee.
- \$30.00 for a super supporter membership and receive all of the benefits of a regular member PLUS know that you have contributed towards our educational campaign while becoming the proud owner of a MUMM t-shirt (see our on-line store at [www.mumm.ca](http://www.mumm.ca)). Specify shirt size:  
 S  M  L  XL (shipping and handling included).

Please return the completed membership form and the applicable fee to:



MUMM  
PO Box 362  
Bridgetown, NS B0S 1C0

Tel: (902) 824-0321  
Email: [chair@mumm.ca](mailto:chair@mumm.ca)

Your membership card will be issued on receipt of application form to the address provided above unless applicant stipulates otherwise.

**UNITED WE CAN MAKE A DIFFERENCE!**