

**POTCH HUIS PRIVATE DAGGA CLUB  
MEMBERSHIP FORM**

Membership Number: \_\_\_\_\_  
(Questions marked with \*\* are required)

Name and Surname\*\*: \_\_\_\_\_

Telephone number\*\*: \_\_\_\_\_

Emergency Telephone Number\*\*: \_\_\_\_\_

How frequently do you consume cannabis (Mark with an X)?

Daily	Weekly	Monthly	Yearly
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How would you rate your tolerance?

None	Moderate	High
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What is your preferred method of consuming your cannabis?

Vape	Bong	Pipe	Dab Rig	Joints	Edibles	Blunts	All
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How would you rate your understanding of the cannabis plant?

None	Moderate	Extensive
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What form of cannabis do you prefer?

Outdoor	Greenhouse	Indoor	Premium	
CBD Flower	Extracts	Edibles	Medicinal Products	All

Do you prefer sativa or indica?

Sativa	Indica	Hyrid 50/50	
Hybrid Sativa Dominant	Hybrid Indica Dominant		All

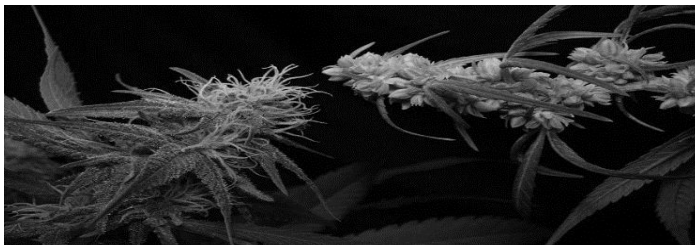
Have you ever had any adverse side effects after consuming cannabis? \*\*

Yes	No	Do Not Know
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Have you ever eaten edibles? \*\*

Yes	No	Do Not Know
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Encircle the female cannabis plant:



What is the predominant cannabinoid found within cannabis flower?

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POTCH HUIS PRIVATE DAGGA CLUB**  
**MEDICAL FORM**

**This is to help us better cater to your medicinal needs. All information is confidential.**

*This information is given on a voluntary basis only, and is asked due to the known risk of mental disorders worsening from cannabis use and is needed in order to protect the club members as well as the Club.\**

(Questions marked with \*\* are required)

Name and Surname\*\*: \_\_\_\_\_

Age: \_\_\_\_\_

Any Chronic Conditions/Allergies:

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Any Food Preferences: \_\_\_\_\_

Any Medical History that you think is relevant:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* <https://www.drugabuse.gov/publications/research-reports/marijuana/there-link-between-marijuana-use-psychiatric-disorders>