



National Cannabis Patients Wall Patient Sign up Sheet

STATE	Full name / Can use an Initial last name	ILLNESSES BEING HELPED OR COULD BE HELPED BY CANNABIS
Age	<input type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Veteran <input type="checkbox"/> No Access <input type="checkbox"/> Legal Access <input type="checkbox"/> Illegal Access	
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National Cannabis Patients Wall Patient Sign up Sheet Instructions

1. State to be represented in. The patients information will be placed on the patients wall for that state to be displayed in their state capital and in Washington DC for the joining of the state walls.
2. Name, you can use your full name or for privacy reasons or fear of unjust prosecution in illegal states you can use your first name and initial for last name.
3. List your illnesses that you use cannabis or need cannabis to treat.
4. Patients age for statistical purposes.
5. For the patient status box you will need to mark at least two boxes. First is the patient living or deceased. Is the patient a Veteran, if they have served in the armed forces please check that. Last does the patient have access to cannabis? Choices are no access because they do not currently use cannabis as a medication, legal access because they live in a legal state and have legal access, and lastly illegal access because their state government denies them access but the choose to medicate with cannabis because the feel they have to and can not move to a legal state.