



EBCI CANNABIS CONTROL BOARD
APPLICATION TO BE A DESIGNATED PRIMARY CAREGIVER*

Please complete this form legibly in black or blue ink.

Please check one:

New Application: _____ Renewal: _____ Information Update: _____

Full Legal Name: _____

Maiden/Other Name (if applicable): _____

Date of Birth: _____ Gender: _____

Physical Address: Street: _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: Street/P.O. Box: _____

(if different) City/Town: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Full Legal Name of Medical Cannabis Patient*:

Relation to Medical Cannabis Patient: _____

Please complete all applicable sections of this application. Please provide a copy of government-issued identification, valid documentation exhibiting authority to act on behalf of the patient (e.g., healthcare power of attorney, letters of appointment as guardian of the person, etc.), and applicable application fee with this application.

By submitting this application, I represent to the EBCI Cannabis Control Board that all information contained herein is true and accurate and that I will update this application whenever any changes to this information occur. I understand that designated primary caregivers, medical cannabis patient cards, and the use thereof are governed by the laws of the Eastern Band of Cherokee Indians, including Cherokee Code Chapter 17 and Title 17 of the Cherokee Administration Regulations.

Signature

Date

**A designated primary caregiver is a person who helps a patient access healthcare and perform other activities of daily living. This is a person a patient has named in a healthcare power of attorney authorizing them to act on behalf of a patient for healthcare purposes.*