



CALIFORNIA CANNABIS PHYSICIAN QUESTIONNAIRE

Group Name (if applicable) \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's California License Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Other (specialties, languages, etc.) \_\_\_\_\_

Contact person \_\_\_\_\_

Contact email/phone \_\_\_\_\_

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LISTING INFORMATION (to be posted on our website):

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/email/website \_\_\_\_\_

Days/Hours of Operation (if desired) \_\_\_\_\_

**Return with a \$200 one-year membership fee (regular listing) or  
\$500 yearly fee (premium listing with logo) payable to:  
California NORML, 2261 Market St. #278A San Francisco, CA 94110  
Includes one free listing [www.CaNORML.org](http://www.CaNORML.org)**

WE RESERVE THE RIGHT TO DELIST DOCTORS' OFFICES FOR ETHICS VIOLATIONS

Please keep us up to date on changes of address, etc. at [listing@canorml.org](mailto:listing@canorml.org)