

Alternative Solutions Plus



GET YOUR MEDICAL MARIJUANA CARD

IS IT TIME TO RENEW? CHECK YOUR EXPIRATION DATE! Or are you a NEW PATIENT?

If your <u>CARD</u> expires in the next <u>4 MONTHS</u> or is expired. This is all you have to do to begin RENEWING your card.



PLEASE FILL OUT THE <u>REVERSE SIDE OF THIS PAGE NEATLY & LEGIBLY</u> & include the following items listed below in an envelope:

- CLEAR & LEGIBLE COPY of your Michigan Driver's License or Michigan ID.
- o CLEAR & LEGIBLE COPY of your Michigan MMJ Registry ID Card.
- The FEE to start the renewal for another <u>TWO YEAR CARD</u> is ONLY \$150.00. Please make the check or money order payable to Alternative Solutions Plus and include in your envelope.
- YES, for your convenience we accept all major CREDIT cards (5% service charge will apply)
- Your file should have the most up to date medical records and updates that show your
 qualifying condition continues; if it doesn't please include them with this paperwork.

Alternative Solutions Plus, Inc.
PO BOX 528
Petoskey MI 49770

MAIN OFFICE: (231)-753-2300 EMAIL: michigancertification@gmail.com

WEBSITE: www.alternativesolutionsplus.com

FACEBOOK PAGE: www.facebook.com/groups/379533677121/

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| MMJ Registry Card Expiration Date: | | / 01 / | | |
|---------------------------------------|-------------|------------------|-------------|-----------------------|
| Please circle one of the following: | PR | EVIOUS PATIENT O | F ASP NEW | PATIENT TO ASP |
| Legal First Name: | | | | MI: |
| Legal Last Name: | | | | |
| MMJ Registry Number: | P _ | | | |
| MI Driver's License # or MI ID Card | : <u></u> | | | |
| Date of Birth: | | // | | |
| <u>Mailing</u> Address: | | | | |
| Apartment/Suite/Lot # | | | | |
| City, State, Zip Code: | | | | |
| CELL / MOBILE Phone Number: | (|) | | |
| Are you able to receive text message | es? YES | S NO | | |
| Home Phone Number | (|) | | |
| Email address: | | | | |
| Do you have a caregiver now? | | | YES | NO |
| If YES: will you be nominating the sa | ame careg | iver again? | YES | NO |
| If NO; tell us what your plans are? | | | | |
| CIRCLE ONE ONLY: | I will poss | sess the plants | my caregiv | er will possess the p |
| Method of Payment: | CASH | CHECK N | MONEY ORDER | CALL FOR CREDIT |

NOTES/COMMENTS