



Cannabis Consumers Campaign

Participant Survey – Form EZ

Name _____

Date of Birth _____ State of residence _____

Education/Degrees _____

Credentials, certifications, licenses, skills _____

Occupation / Job title _____

Special interests, hobbies, talents _____

Important accomplishments, awards, honors, contributions to society or your community:

When did you first use cannabis? (age/year) _____

Would you prefer to state that you have used or that you do use it? _____

Statement about your cannabis use: (Why do you like it, how does it enhance your life, how do you consume it, which varieties, how often?): _____

— Use additional pages or write on back if you wish to elaborate. —

Release of liability: I hereby give permission to use my information and release Mikki Norris, Cannabis Consumers Campaign, Pot Pride, and sponsoring organizations from any liability whatsoever from any cause or reason, in connection with the release, dissemination and publication of statements and information that I have provided here.

Signature: _____ Date: _____

Mailing Address: _____

Phone number: _____

Email address: _____

Return to: CCC, PO Box 1716, El Cerrito CA 94530 • Tel/Fax: 510-215-8326

Online at www.cannabisconsumers.org, email mikki@hr95.org