



Eastern Regional Wellness Coalition

Membership Registration Form

Yes! We want to be a member of the Eastern Regional Wellness Coalition.

Name of your organization : _____

Contact person (s): _____

Mailing Address: Box/Street: _____
 Community: _____
 Postal Code: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Website Address (if applicable): _____

Tell us about your group/organization: _____

How did you find out about the Eastern Regional Wellness Coalition? _____

The Eastern Regional Wellness Coalition is permitted to post our organization's name and contact information on the Eastern Regional Wellness website Yes No

Signature

Date

Return Registration Form To:
Eastern Regional Wellness Coalition
c/o Health Promotion Wellness Consultant
35 Tilley's Road
Clareville, NL A5A 1Z4
Fax: (709)466-6305

