



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

