



REGISTRATION FORM

(Please Print)

Today's date:

REGISTRANT INFORMATION

Last name:	First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Title:
Employer:			Phone No.
			()
Street address:			
P.O. Box:	City:	Prov:	Postal Code:
Work Email:			
Interested in VMPNB for the following: (check off all that apply)		<input type="checkbox"/> Networking	<input type="checkbox"/> Information Sharing
<input type="checkbox"/> Document Sharing	<input type="checkbox"/> Recruiting Ideas	<input type="checkbox"/> Marketing Materials	<input type="checkbox"/> Quarterly Lunch & Learn
		<input type="checkbox"/> Education	<input type="checkbox"/> Other:
Please List Other:			
Technology Available to you:		<input type="checkbox"/> Skype	<input type="checkbox"/> Video Conferencing
<input type="checkbox"/> Go To Meeting		<input type="checkbox"/> Other Please Specify;	
Membership:			
<input type="checkbox"/> Full Year Membership - \$125.00		<input type="checkbox"/> Half Year Membership - \$62.50	
<input type="checkbox"/> Membership paid by organization		<input type="checkbox"/> Membership paid by individual	
Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque			

Please mail payment to: Debbie Levesque – VMPNB Treasurer (Debbie.Levesque@vitalitenb.ca)
 C/O Service des bénévoles/ Volunteer Services
 Centre hospitalier universitaire Dr.-Georges-L.Dumont / Dr. Georges-L.-Dumont University Hospital Centre
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 Moncton, NB, E1C 2Z3
 506-862-4267