



REGISTRATION FORM

(Please Print)

Today's date:				
REGISTRANT INFORMATION				
Last name		First		Employer
Position			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"/> Education
<input type="checkbox"/> Document Sharing	<input type="checkbox"/> Recruiting Ideas	<input type="checkbox"/> Marketing Materials	<input type="checkbox"/> Quarterly Lunch & Learn	<input type="checkbox"/> Other:
Please List Other:				
Membership				
<input type="checkbox"/> Full Year Membership - \$85.00		<input type="checkbox"/> 1/2 year membership - \$42.50		
<input type="checkbox"/> Membership paid by organization		<input type="checkbox"/> Membership paid by individual		
Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> E-transfer				
Membership is available with the Volunteer Management Professionals of Canada at a discounted affiliate rate of 40\$. Visit the VMPC website to register.				

Please mail payment to:

Emily Godin
 The Moncton Hospital
 c/o Ronald McDonald Family Room
 135 MacBeath Ave
 Moncton, NB, E1C 6C8

Please send etransfers to:

vmpnewbrunswick@gmail.com