

Date (yyyy/mm/dd): ____ / ____ / ____

Restricted when completed

MEMBERSHIP TYPE

Active: __ (I want to actively participate)

Inactive: __ (I want to be kept informed)

NAME & ADDRESS

Last Name: _____ First Name/Initials: _____

Street: _____

City: _____ Province: _____ Postal Code: _____

Call Sign(s): _____

PHONE NUMBERS & EMAIL

Home Phone: (____) _____ Work Phone: (____) _____ Extension: _____

Cell Phone: (____) _____ Pager: (____) _____ 7x24 Y__ N__

Other Phone: (____) _____ Specify: _____

Home Email: _____

Work Email: _____

OTHER INFORMATION

Have EMRG City Pass: __ Expiry date (yyyy/mm/dd): ____ / ____ / ____

LANGUAGES (fluent enough to deal with people in an emergency):

English _____ French _____ Other _____

SEND NEWSLETTERS VIA: Home Email: __ Work Email: __ Mail: __

RETURN TO: EMRG (Margaret Tidman – VA3VXN)

Membership at emrg.ca