

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