

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