



**Wellness Coalition-Avalon East
Membership Registration Form**

Name: _____
Organization Name (if representing a group): _____
Contact Person(s): _____
Street address: _____
Mailing address (if different from street address):

Community _____ Postal Code _____
Telephone: _____ Fax: _____
E-mail: _____
Website Address: _____
Please give a brief description of your organization: _____

 YES (to listing in on-line directory) **NO** (to listing in on-line directory)

We will be involved in the Wellness Coalition by (check all that apply):

- Becoming part of the wellness loop (be added to our e-mail list)
- Sharing my wellness news and events on Coalition website
- Participating on one or more sub-committees (please specify)
 - Child & Youth Development
 - Healthy Environments
 - Injury Prevention
 - Mental Health Promotion
 - Health & Literacy
 - Healthy Living
- Acting as a Resource person in my area of knowledge
- Promoting the Wellness Coalition-Avalon East and our work
- Suggest a role: _____

Return form to: Wellness Coalition-Avalon East, c/o Health Promotion Wellness Consultant, Eastern Health, 101-136 Crosbie Road, P.O. Box 13122, St. John's, NL A1B 4A4 Fax: (709) 752-4833. For further information call (709)752-4912.