

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: _____

Please indicate your consent to the following by ticking the appropriate box:

- ☐ listing of my organization's name and contact information on coalition website
- ☐ receiving the Coalition's electronic newsletter
- ☐ being added to the Coalition's e-mail group, knowing that you may receive information considered "commercial" in nature e.g. a workshop, event or service for which there is a cost

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

- ☐ Sharing your wellness news and events on Coalition newsletter and bulletins
- ☐ Connecting with other members in the Coalition
- ☐ Acting as a resource person in your area of knowledge
- ☐ Promoting the Wellness Coalition-Avalon East
- ☐ Suggest a role: _____

How did you hear about us? _____

Return form to: Wellness Coalition-Avalon East, c/o Health Promotion Division, NL Health Services-Eastern Urban, Mount Pearl Square, Community Services, 760 Topsail Road, Mount Pearl, NL A1N3J5. or e-mail: [info@](mailto:info@wellnesscoalition.ca)