



NLIPC

NEWFOUNDLAND & LABRADOR INJURY PREVENTION COALITION

Membership Registration Form

Name: _____

Organization Name (if representing a group):

Contact Person(s):

Street address:

Mailing address (if different from street address):

Town or City _____ Postal Code _____

Telephone: _____ Fax: _____

E-mail:

Website Address:

Please give a brief description of your organization:

YES List my organization online

NO Do not list my organization online

Involvement with NLIPC will include (check all that apply):

Subscribing to the NLIPC Mailing list

Submitting injury prevention and safety resource material for inclusion on NLIPC website

Participation on a sub-committee (please specify)

- Resource Submission Review
- Helmet Use
- Child Passenger Safety
- Distracted Driving
- Water Safety
- Website/Technology
- Other_____
- Administration

Act as a Resource person in my area of expertise

Subject expertise:_____

Support and promote the work of the Newfoundland and Labrador Injury Prevention Coalition

___ Participation on the board of directors (please specify)

___ Executive

___ Voting Member

Return form to:

**Newfoundland and Labrador Injury Prevention Coalition
PO Box 8051
St. John's, NL
A1B 3M7**

Email: info@nlipc.ca Website: www.nlipc.ca