



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 the following areas:(check all that apply):

Subscribing to the NLIPC Mailing list

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

(__) Interest in serving on the board of directors

Interest in participating 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

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