



Cabot Loop Clusters Network MEMBERSHIP FORM

... connecting people, organizations, communities...

Membership is open to both organizations and individuals.

Organization membership application:

Organization name: _____

Yes, our organization has decided to become part of the Cabot Loop Clusters Network.

Address: _____

Community: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Primary contact person: _____ Title: _____

Name of person completing this form: _____

Does your organization have an office? Yes No

If address is different from above please provide details: _____

What is the best way to communication with your organization? Email Phone Fax Mail

Please notify us of upcoming networking and training events

If you wish, please attach a list of contact information for members of your board of directors, committee or organization.

Individual membership application:

Name: _____

Mailing Address: _____

Community: _____ Postal Code: _____

Email Address: _____

What (if any) organizations or volunteer work are you currently involved with? _____

Return this form by

fax to: Penny Rowe at 709-753-6112

OR

mail or drop off to: Barry Pearce
Cabot Loop Clusters Project Office
2nd Floor, Boardroom - The Factory
63 Main Street Port Union, NL A0C 2J0
Phone: 709-469-2299