



HEALTHIER FUTURES *through* RECREATION

## General Liability Insurance Program Legal & Administrative Fee \$25

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### **1<sup>st</sup> Contact Person:**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### **2<sup>nd</sup> Contact Person:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### **Cheques should be made payable to Recreation Nova Scotia and sent to:**

Recreation Nova Scotia

5516 Spring Garden Road, Suite 309

Halifax, Nova Scotia B3J 1G6

Telephone: (902) 425-1128 Fax: (902) 422-8201

Email: [info@recreationns.ns.ca](mailto:info@recreationns.ns.ca) Web: [www.recreationns.ns.ca](http://www.recreationns.ns.ca)

#### **Office Use Only**

**Current Membership**  Yes  No **Payment Amount** \_\_\_\_\_

**Receipt Number:** \_\_\_\_\_ **Date** \_\_\_\_\_

Entered on data base

Forwarded to MacDonald Chisholm