

EDUCATION PROFESSIONAL COURTESY APPLICATION

chapter affiliation: **Toronto**

please complete application
and mail/email to:

NEWH Membership
2840 Sideroad 10, PO Box 633
Beeton, Ontario L0G 1A0
fax 905.729.0884

personal information:

last name: home address: apt:
first name: city:
middle initial: province: postal code:
date of birth: phone:
spouse/
significant other: personal email:

mailing preference: home: business:

professional information:

YEAR entered industry: position:
department: educational school:
focus: address: suite:
brief description for use in Membership Directory city:
province: postal code:
phone:
alt. phone:
fax:
cell:
business e-mail:
Are you a full-time instructor? web address:

Statement of Applicant

In applying for membership in the NEWH, Inc., I attest to the accuracy of the information in this application and will do all within my power to maintain and enhance the integrity and prestige of NEWH, Inc.

signature: date:

please submit photo for Membership Directory - **email a digital photo to newh.membership@newh.org -**
be sure to include your name in the email
By submitting your photo, you are agreeing to allow NEWH, Inc. to use it for promotional purposes

The information provided on this application is confidential and will not be given, sold or rented to any organization, business, etc. Only your business information will be included in the NEWH, Inc. Membership Directory. By applying for NEWH membership, you are agreeing to opt-in to NEWH email, and agree to the NEWH Code of Ethics, Photo Release, and Member Logo Policy - see newh.org/member-agreement for details