



Free Membership Registration (New & Renewal)

Please print
(*required information)

Name: * Mr Mrs Ms _____
First Middle Last

Mailing Address:* _____
(Street number & name/PO Box No.)

(City/Town), Province, Postal Code

Telephone no.*: _____ Email address:* _____

Ethnic background: _____ Languages spoken: _____

I would like to receive email news of meeting and multicultural events: (option to opt out at any time)
Yes No

I would like to be a volunteer with MRMA to:

Be an emergency translator Other Translation Assist with multicultural events
Assist a newcomer: Don't know, contact me at the time:

Note: The list of emergency translators will be given to emergency services such as the police, fire department and ambulance

I have the following suggestions for activities, events or services that I would like MRMA to undertake:

I heard about MRMA from:

An Event : Newspaper: Radio: Friends/family:

Office referral (please specify who): _____ Other (please specify): _____

Please return completed to the address below.

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