

Preventative Health Services Group

173 Hwy 8; Dundas, ON; L9H 5E1
www.phsg.ca

Tel: (416) 423-2765
e-mail: inbox@phsg.ca

REGISTRATION FORM

Please enroll me in the Preventative Health Services Group.

Your name: _____

Address: Number and Street Name: _____

City, Province: _____ Postal Code: _____

Phone #: _____ Home Mobile Work

Email: _____

Are you applying or belong to a Professional Association/College? Please list.

Do you have a current policy that is expiring? When? Please state your reason for change.

Schools Attended:

_____	Certificate Attached <input type="checkbox"/>
_____	Certificate Attached <input type="checkbox"/>
_____	Certificate Attached <input type="checkbox"/>
_____	Certificate Attached <input type="checkbox"/>
_____	Certificate Attached <input type="checkbox"/>
_____	Certificate Attached <input type="checkbox"/>

Signature

Date

Preventative Health Services Group registration fee: \$40.00

Payable by Interac e-transfer to: inbox@phsg.ca

or by cheque to Preventative Health Services Group