

Preventative Health Services Group

25 Sleepy Hollow Crt, Dundas, ON, L9H 1H4
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.

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: \$30.00

Payable by Interac e-transfer to: inbox@phsg.ca
or by cheque to Preventative Health Services Group