

Preventative Health Services Group

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REGISTRATION FORM FOR PREVENTATIVE HEALTH SERVICES GROUP

Please enroll me in the Preventative Health Services Group.

Mail payments to Preventative Health Services Group, 15 Vicora Linkway, Suite 602, Toronto ON M3C 1A7

Your Name _____

Number and Street _____

City/Town _____ Postal Code _____

Phone # _____ email _____

Work or cell phone # _____

Schools Attended

_____ Certificate Attached

_____ Certificate Attached

_____ Certificate Attached

_____ Certificate Attached

_____ Certificate Attached

Annual Preventative Health Services Membership Fee _____

Option 1 - \$ 30.00

Option 2 - \$ 50.00

Payable to Preventative Health Services

Signature

Date

NOTE: at the bottom of the insurance application, indicate only the amount paid for insurance coverage, either \$210.60 or \$275.40. The cheque should include the insurance amount and the annual membership fee, either \$210.60 + \$30.00 or \$275.40 + \$50.00.