

Request for Membership Release Form

(PRINT CLEARLY)

Complete the following form and fax it to **506-836-7336** or mail it to:

NB Forest Safety Association
245 Pleasant Street
PO Box 621
Miramichi, NB
E1V 3T7

Completing this form will allow for a confidential review of your company's WorkSafeNB premium by an authorized WorkSafeNB employee; NOT an NB Forest Safety Association employee. The information will be used to determine the required membership rate based on the levy (%) being paid by all other members at the time of this application. The NB Forest Safety Association will be notified of the determined annual membership rate and will proceed by sending the applicant an invoice for membership amount. The applicant is not obligated to pay the invoice; however the applicant is NOT considered a member and has no membership rights until such time that the invoice is paid in full.

Applicant Information		
Company Name:		
Contact Name:		
Mailing Address:	Physical Address: <input type="checkbox"/> Same as "Mailing Address"	
City: Postal Code:	City: Postal Code:	
Business Phone:	Business Fax:	
Email:	WorkSafeNB #:	WorkSafeNB Code:

Authorization:		
Due to the nature of the information to be accessed, it is necessary that this form be signed by the company owner, CEO, President, or other senior signing officer.		
Position:	Name (print):	Signature:
FOR OFFICE USE ONLY		
Annual Membership Fee:	Date:	WorkSafeNB Representative (Signature):

NBFISA guarantees member confidentiality at all times. If you have questions regarding how this or any other information will be utilized please call (506) 836-7330.