



**BACK TO
Nature**
NETWORK

Back to Nature Network
MEMBERSHIP FORM

ORGANIZATIONAL INFORMATION

Please note that all information may be shared at the discretion of B2N.

NAME OF ORGANIZATION:

ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

TELEPHONE: _____ EMAIL: _____

WEBSITE: _____

FACEBOOK URL: _____

TWITTER HANDLE: _____

OTHER SOCIAL MEDIA: _____

PRIMARY CATEGORY (active living, community planning, conservation, education, health)

BRIEF DESCRIPTION OF ORGANIZATION: _____

CONTACT INFORMATION

CONTACT NAME: _____ TITLE: _____

TELEPHONE: _____ EMAIL: _____

ADDRESS: Same as above ___ or _____

CITY/TOWN: _____ POSTAL CODE: _____

See member services sheet for benefits of membership. Membership is free.

Please mail this form to the address below or return this for by email to mlegault@rbg.ca