

Union of Municipalities of New Brunswick (UMNB)
Associate Membership Application Form
[ONLINE FORM HERE](#)

Organization Information

| Field | Details |
|--------------------|---------|
| Organization Name: | |
| Contact Person: | |
| Title/Position: | |
| Address: | |
| City/Town: | |
| Postal Code: | |
| Phone: | |
| Email: | |
| Website: | |

Membership Category (Select One)

All memberships are non-voting and valid for one (1) year from date of approval.

- Partner (Government) – \$1,500
- Associate Member (Rural District) – \$2,000
- For-Profit Organization – \$1000
- Non-Profit Supporter – \$250

Brief Description of Your Organization's Mission and Activities

(Please describe how your organization's goals align with UMNB's mission.)

Acknowledgment

By signing below, the organization agrees to abide by UMNB's bylaws, values, and policies, and acknowledges that Associate Membership does not include voting rights.

| | |
|----------------------------|--|
| Authorized Representative: | |
| Title: | |
| Signature: | |
| Date: | |

Submission

Please submit your completed application to: info@umnbc.ca For questions, contact the UMNB office at (506) 444 - 2285