

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](mailto:info@umnbc.ca) For questions, contact the UMNB office at (506) 444 - 2285