

# Recycle My Cell



## Registration Form

**Please indicate how you would like to be involved in the Recycle My Cell (RMC) program.**

Set up permanent public drop-off location. (These locations will be included in the RMC searchable database.)

Set up permanent non-public drop-off location. (These locations will not be included in the RMC searchable database. This selection is appropriate for organizations such as elementary schools.)

Set up short-term campaign.

**Please provide your contact details and as well as information about your drop-off location(s) below. RMC recovery boxes and promotional material will be sent to the location addresses provided below. If you have more than one participating drop-off location, please provide information separately for that location. (Please contact us if there are more than two locations.)**

Main Contact Name:

Organization or Business Name:

Building Name *(eg: Centrepont Tower)*:

Street Number:

Street Name:

City:

Province/Territory:

Postal Code:

Phone:

Email:

Drop-off Location #1

Organization or Business Name:

Building Name *(eg: Centrepoint Tower)*:

Street Number:

Street Name:

City:

Province/Territory:

Postal Code:

Phone:

Drop-off Location #2

Organization or Business Name:

Building Name *(eg: Centrepoint Tower)*:

Street Number:

Street Name:

City:

Province/Territory:

Postal Code:

Phone:

**Please indicate below which of these statements best describes your business/organization?**

Retailer

Community Group

Municipal Location

Federal Government Department

Other (please specify):

Recycling Depot

Registered Charity

Provincial Government Department

**Please provide confirmation that you have read and understand the Terms and Conditions.**

I agree to the Terms and Conditions of participation in the Recycle My Cell program.

Digital Signature:

For office use only:

Information included in database: \_\_\_\_\_

Box ordered: \_\_\_\_\_

Promotional material provided: \_\_\_\_\_