

**NEW JERSEY MEDICAL RESERVE CORPS  
USER ENROLLMENT REQUEST**

*Complete one (1) form per individual requesting user enrollment.  
Please print legibly or type.  
Fax the completed form to 609-341-5098.*

**PART 1 - USER INFORMATION**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PART 2 - YOUR SITE INFORMATION**

MRC Unit: \_\_\_\_\_

County: \_\_\_\_\_

MRC User Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site City, State, Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

MRC Web Address: \_\_\_\_\_

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MRC Coordinator Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only:**

**User ID:** \_\_\_\_\_ **Assigned By:** \_\_\_\_\_

**Initial Password:** \_\_\_\_\_ **Date Set Up:** \_\_\_\_\_