

SSBM
SOUTH SHORE BASSMASTERS

P.O. Box 239, Brooklyn, N.S. B0J 1H0

2006 Membership Form

Please Print And Complete In Full. Return To Above Address

Name: _____

Address: _____

**PLEASE INCLUDE YOUR FULL MAILING ADDRESS, CITY/TOWN,
PROVINCE AND POSTAL CODE**

Home Phone: _____ Business Phone: _____

Fax No: _____ E-Mail: _____

(If one or more fields do not apply to you PLEASE place "NA" in that field)

SSBM members pledge to follow all provincial fishing and boating regulations, practice Catch and Release during spawning periods set out by such regulations, and to abide by the ethics covered in SSBM's rules, regulations, constitution and by-laws.

By filling out and signing this form I agree to become a member until the next Annual General Meeting up to one full year , enclosing my cash, cheque, or money order payable to South Shore Bassmasters in the amount of:

[] ... \$ 15.00 New [] ... \$ 7.50 Junior
[] ... \$15.00 Renewal [] ... \$25.00 Family

The \$25.00 Family Plan is for Husbands and Wives or Parents and Children (under 16) living in the same household. Please include all names and address information above.

SIGNED: _____

DATE: _____

Office use only: [] processed [] approved