

SSBM SOUTH SHORE BASSMASTERS

450 LaHave St., Box 229, Bridgewater, N.S. B4V 4A3

2011 Membership Form

Valid from date signed until 2012 AGM



Please Print And Complete In Full. Return To Above Address.
Please provide your correct email address to receive our
electronic mailers.

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)

----\$25.00 Family

----\$15.00 Single Membership

Upon acknowledgment of my membership, I, _____, will faithfully observe all provincial fishing regulations and will abide by the ethics covered by **SSBM's** rules, regulations, by-laws and constitution.

SIGNED: _____

DATE: _____

Office use only: processed approved