

BOSOM BUDDIES' MEMBERSHIP INFORMATION FORM

FULL NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

CELL NUMBER: _____

E-MAIL ADDRESS: _____

ANNUAL DUES: \$30.00

PLEASE COMPLETE FORM AND FORWARD WITH DUES TO:

TERESA BLAKENEY
C/O BOSOM BUDDIES OF NS
P. O. BOX 31037
HALIFAX, N.S.
B3K 5T9

DATED: _____