



**BOSOM BUDDIES OF NOVA SCOTIA'S MEMBERSHIP APPLICATION**

**FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME NUMBER:** \_\_\_\_\_ **CELL NUMBER** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Name and phone numbers):** \_\_\_\_\_

**HOW DID YOU LEARN ABOUT BOSOM BUDDIES OF NOVA SCOTIA?**

**ANNUAL DUES: \$75.00**

**PLEASE COMPLETE FORM AND FORWARD WITH DUES TO:**

**Bosom Buddies of Nova Scotia**

**P.O. Box 31037, Halifax, NS B3K 5T9**

**OR**

**EMAIL COMPLETED FORM TO: [contact@bosombuddies.ca](mailto:contact@bosombuddies.ca)**

**DATED:** \_\_\_\_\_

