



Associate Member Application Form

**All Associate Member applications must be screened by the Executive Director. Applying does not automatically grant Associate Member status.*

Contact Name:	
Business/Organization Name:	
Phone Number:	
Email:	
Number of Employees:	
Business Address:	
Business/Industry Description:	
Reason you/your organization wishes to be a Fish Safe NS Associate Member:	
Method of Payment:	Fish Safe NS will send an invoice upon approval Richard MacLean Executive Director (902) 527-7985 director@fishsafens.ca

***Associate Member Application Forms must be emailed to director@fishsafens.ca**