

SOUTH BEACH SEWER ASSOCIATION Membership Application

Please complete one application for each title.

Name of Registered Owner(s):

1) _____ 2) _____
Last First Last First

South Beach Address:

Lot # _____ Street Address _____

Contact Information:

Street: _____

City: _____

Postal Code: _____

Phone: Home _____ Cell: _____

e-Mail: _____

Please accept my application to join the South Beach Sewer Association. I understand that by joining, I am indicating my support for the gravity sewer system and give my permission for the Association to make this support known to the Municipal Board.

1) _____
Signature Date

2) _____
Signature Date

3) _____
Signature Date

Mail to: South Beach Sewer Association
 C/O R. Masyk
 Box 1294
 Gimli MB R0C 1B0

Or scan and e-mail to: fmasyk@escape.ca

Or drop off at 4 Ethel

PLEASE RETURN BY AUGUST 6, 2010

