

Membership Form: please complete and return

Membership Payment: \$30 per household

Payable to: ABSA

Return to : ABSA c/o Carolyn Kiley Moore
51 Cliff Drive Assonet

Name _____

Address _____

Winter Address _____

Phone _____

Email _____

Special interests and/or concerns:

Thank You!

www.AssonetBayShores.org