

ABALONE COASTWATCH

Please sign up here if you would like to become a member of Abalone CoastWatch.

Name: _____ E-mail: _____

Mailing address: _____

Phone # _____ Fax # _____

As a member of the _____ Abalone CoastWatch group, I/my organization (please print) _____ commit to do the following:

- Help prevent abalone poaching by observing, recording, and reporting suspicious activity
- Tell my friends and family about the Abalone CoastWatch program
- Participate in evaluations of Abalone CoastWatch
- Help support my local Abalone CoastWatch program by:
 - Acting as a contact for my local group (please ensure contact info above is correct)
 - Helping to organize upcoming Abalone CoastWatch events
 - Distributing posters, stickers, or other news around my neighbourhood
 - Bringing snacks or beverages to future events
- Other (please specify) _____

Date: _____ **Signature:** _____

Please e-mail, fax or mail this form to:

coastwatch@bms.bc.ca

Fax #: 250-728-3452

CoastWatch
c/o
Bamfield Marine Sciences Centre
100 Pachena Rd
Bamfield, B.C.
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