MEMBERSHIP APPLICATION

Saltspring Island Sailing Club
152 Douglas Road
Saltspring Island, BC V8K 2J2
Email: secretary@saltspringsailing.ca

PERSONAL INFORMATION

Principal Applicant (Full Name)	Signature	Date of Birth
Secondary Applicant (Full Name)	Signature	Date of Birth
Address: Principal Residence Street	City/Prov	Postal Code

Home Phone	Other Phone	Principal Applicant Email	Secondary Applicant Email

CURRENT OR PAST EMPLOYMENT

Please briefly describe your work and/or other experience, with a focus on skills you can bring to the Club.

Principal Applicant	Secondary Applicant

BOAT

Name	Model	❑ Sail ❑ Power	O/A Length

❑I don't have a boat ❑ I plan to purchase (boat type) _____
❑ If accepted as a Regular Member, I wish to apply for moorage (please see Moorage Application)

BOATING INTERESTS AND EXPERIENCE

I am interested in these boating activities: ❑ Racing ❑ Cruising ❑ Other _____
I would describe my boating experience as: ❑ Novice ❑ Intermediate ❑ Experienced
I have achieved these qualifications: ❑ PCOC ❑ CPSS Boating ❑ Other _____

SPONSORS' DECLARATION

I verify that the applicant(s) _____, are known to me and that, in the case of an application for Regular Membership, they are residents of Salt Spring Island as defined in the Cub's By-laws and Regulation 1.1.1. I declare that I have read the responsibilities of the sponsor as stated on the Sponsorship Form and I am prepared to carry out these responsibilities if the applicant(s) are accepted as Members.

Sponsor 1 _____ (Name (Please Print)) _____ (Signature) _____ (Date)

Sponsor 2 _____ (Name (Please Print)) _____ (Signature) _____ (Date)