



MEMBERSHIP APPLICATION

Regular
or
Associate

Saltspring Island Sailing Club
152 Douglas Road
Salt Spring Island, BC V8K2J2

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	<input type="checkbox"/> Sail <input type="checkbox"/> Power	O/A Length
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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 Club'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 _____