



MEMBERSHIP APPLICATION

Regular
 or
 Associate

Salt Spring Island Sailing Club
 152 Douglas Road
 Salt Spring 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	Make/Model	<input type="checkbox"/> Sail <input type="checkbox"/> Power	<input type="checkbox"/> I don't have a boat <input type="checkbox"/> I plan to purchase (boat type):
Registration #	MMSI #	O/A Length	
<input type="checkbox"/> 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: <input type="checkbox"/> Racing <input type="checkbox"/> Cruising <input type="checkbox"/> Other _____	
I would describe my boating experience as: <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Experienced	
I have achieved these qualifications: <input type="checkbox"/> PCOC <input type="checkbox"/> CPSS Boating <input type="checkbox"/> 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 _____	Signature _____	Date _____
Name (Please Print)		
Sponsor 1 _____	Signature _____	Date _____
Name (Please Print)		