

MEMBERSHIP APPLICATION

Saltspring Island Sailing Club 152 Douglas Road, Salt Spring Island, BC V8K 2J2

Questions? Please email <u>Membership@saltspringsailing.ca</u>

Our Purpose: To foster and promote interest						
Our Members are expected to actively support the Club by vol						
MEMBERSHIP TYPE:	REGI	JLAR 🗆		ASSOCIATE		
Principal Applicant Name		DOB DD/MMM/YYYY		Application Date DD/MMM/YYYY		
Time par Applicant Name						
Address						
	T.,, 1.51		0 11 51			
Home Phone	Work Phone		Cell Phone			
Email			Signature			
Career Background & Interests:						
Secondary Applicant		DOB DD/MMM/YYYY		Application Date DD/MM/YYYY		
Address						
, naures						
Home Phone	Work Phone		Cell Phone			
Email			Signature			
Career Background & Interests:						

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MEMBERSHIP APPLICATION								
Principal Applicant Name		Secondary Applicant						
BOAT NAME		Make/Mo	del					
Reg #	MMSI #	O/A Lengt	h	Sail	Power			
☐ I don't have a boat ☐ I pl	an to purchase	a boat of approx	length	Sail	Power			
☐ If accepted as a Regular Member, I will apply for Moorage								
BOATING INTERESTS AND EXPERIENCE:	Please CIRO	CLE						
I am interested in these boating activit	ties: Racing	Cruising	Other _					
I would describe my boating experience as: Novice Intermediate Experienced								
I have achieved these qualifications:	CPSS Boating	CPSS Boating Other						
A SPONSOR is a Regular Me annual Club volunteer-work re	=	_	_					
SPONSOR 1		Phone						
5. 6.1351. 2								
SPONSOR 2	Phone							
I/we have not been able to find Sponsor(s) that meet these requirements for the following reason(s):								
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FOR MEMBERSHIP COMMITTEE ONLY								
Complete Application Received on:								
Membership Committee Signatures:								
Comments & Recommendations:								
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