

### SPONSORSHIP FORM

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

Questions? Please email membership@saltspringsailing.ca

## **SPONSOR QUALIFICATIONS:**

- Must be a Regular Club Member for a minimum of 3 years
- Be in good standing
- Fulfill annual volunteer-work requirements per Club regulations
- Understand Club culture and values gained through active involvement

#### **SPONSOR RESPONSIBILITIES AND ACTIVITIES:**

- 1. Verify Regular Membership applicants a) have their principal tax residence on Salt Spring Island, and b) that a secondary applicant is in a spousal relationship and shares the same residence.
- **2.** Review the Club Yearbook and discuss our Vision, Purpose, Organizational structure, key events and activities, and opportunities to volunteer in Club activities.
- **3.** Discuss the applicant(s) experience and interest in sailing and boating, and their ability to further the Club's Purpose.
- **4.** Ensure the applicant(s) understand the annual 20-hour minimum volunteer-work requirement per Membership.
- **5.** Actively review the Volunteer Commitment Form with the applicant(s) to help identify where their skills and interest can fit into club activities.
- **6.** Ensure the applicant(s) understand that Moorage is subject to slip availability as determined by the Wharfinger.
  - $\sqrt{}$  Please add the applicant(s) details below and keep this page for your reference.
  - $\sqrt{\phantom{0}}$  Complete, sign and date the 2<sup>nd</sup> page.
  - √ Remain in contact with the applicant(s) and continue to support them during their first year of membership. Share information, answer questions, and introduce them to members and volunteer, event and program opportunities as they become part of our Club community.

# Thank you for being a Sponsor!

Principal Applicant	Phone	
Email		
Secondary Applicant	Phone	
Email		

Form 1.4 02/AUG/2023 Page 1 of 2



## SISC SPONSORSHIP FORM

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

SPONSOR NAME	APPLICANT(S) NAMES
	Principal
Regular Member since:	Secondary
SPONSOR DECLARATION	
I have known the Principal Applicant since:	I have known the Secondary Applicant since:
I know them from:	I know them from:
They would be an asset because:	They would be an asset because:
SPONSOR SIGNATURE	
I understand the responsibilities of being a Sponsor and I agree to fulfill them if this Membership Application is approved. My recommendation is given on the basis of my personal knowledge and I believe it provides an accurate reflection of the Applicants(s) that I have agreed to Sponsor.	
I,print	_, am eligible to be a Sponsor as per Club Regulations.
Signature	DD/MMM/YYYY

Please give this completed page to the applicant(s) to add to their application package.

OR scan and email it to <a href="mailto:membership@saltspringsailing.ca">membership@saltspringsailing.ca</a>

OR put it in the Membership Box at the Clubhouse. Thank you.