



Van Isle Sailing Co-op Membership Application 2018 Sailing Year

1. Contact Information

Name: _____

Partner Name (Family membership only) _____

A Family Membership is available to those who meet the eligibility criteria of: One or two adults living as a family unit (same home) together with any dependent children under the age of nineteen (19) years.

Address _____

City _____ Postal Code _____

Email _____ CELL Phone _____

Partner Email _____ Partner CELL Phone _____

Home Phone _____

How did you find out about Van Isle Sailing Co-op? _____

2. Sailing Experience

Number of years sailing _____ First Aid _____

CYA: Basic _____ Intermediate _____ Advanced _____

ISPA: Competent Crew _____ Day Skipper _____ Coastal Skipper _____ Navigation _____

Pleasure Craft Operators Card _____ Radio Operators Certificate Maritime _____

Other Qualifications _____

Power Squadron Member _____ Yacht Club Member _____

3. Preferred Sailing Times and Types

Check all that apply:

- Half day
- Full day
- Weekdays
- Weekends

- Overnight Cruising
- Weekend Cruising
- Week-long Cruising

4. Participation in Co-op Activities

As a member of a cooperative association, you are expected to participate in club activities and operations including sailing and social activities of course, and also boat maintenance, management and administration of the Co-op itself. Currently our minimum "sweat equity" contribution from each member is 20 hours per year for singles and 25 hours for families in order to keep our costs down and boats in good condition. Most members contribute much more - mostly because it's fun!

What skills or knowledge do you have that you can contribute? (Please indicate your skills/interest)

Are you interested in participating in any particular areas such as boat maintenance, social activities, administration, health and safety, communications?

Is there anything else you would like us to know?

5. Fees for 2018 Sailing Year

ENTRANCE FEE \$400 (One time only)

ANNUAL FEE:

- SINGLE \$495
- FAMILY \$595
- ASSOCIATE \$110

Fees are payable by February 28, annually. The 12 month season is March 1 to February 28.

All personal information collected by the Van Isle Sailing Co-op will be used for Co-op purposes only and will not be shared with any other entity.

6. Agreement

The Van Isle Sailing Co-op will accept your membership only after you sign the Co-op standard waiver of liability.

I _____ state that the information provided above is correct.
(Write your name)

Signature: _____ Date: _____

This section is for the second adult in a Family Membership to sign:

I _____ state that the information provided above is correct.
(Write your name)

Signature: _____ Date: _____
Your signature indicates your agreement and understanding of family membership.

Please attach your cheque and copies of your qualifications.

Van Isle Sailing Co-op
Box 41054 RPO Woodgrove
Nanaimo, BC
V9T 6M7 Canada

1-250-668-6387
Web: www.visail.ca
Email: coopinfo@visail.ca

Thank you for applying to join the Van Isle Sailing Co-op. We'll be in touch shortly!

Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

By signing this document you will have waived certain legal rights, including the right to sue.

Please read carefully

The Van Isle Sailing Co-operative (Co-op) will accept your membership only if you agree to this waiver of liability by signing below. It is understood that the use of Van Isle Sailing Co-op facilities entails inherent risk. Members and their Guests use Van Isle Sailing Co-op facilities at their own risk, assuming all risks for loss or damage to property or personal injury (including loss of life). Van Isle Sailing Co-op agents shall not be liable for the loss of property or property damage or personal injury (including loss of life) sustained by Members and Guests resulting from any cause whatsoever including without limitation, negligence and whether each loss, property damage or personal injury occurs on the premises of the Van Isle Sailing Co-op or elsewhere.

I have read and understood the above paragraph. _____ Initial

Print Name

Signature

Address

Telephone Number

_____ Print _____ Signature
Partner's Name (Must have same legal address as the applicant - Family membership only)

_____, an agent of the Van Isle Sailing Co-op, witnessed the signing of
(Signature) the signature(s) above.