



Membership Form

Name	First	Last	Membership
Member			
Spouse / Partner			New Member <input type="checkbox"/>
Child 1/Age			Renewal <input type="checkbox"/>
Child 2/Age			Family: \$130 <input type="checkbox"/>
Child 3/ Age			Individual: \$100 <input type="checkbox"/>
Child 4/Age			(over 18 yrs)

Street:	City:	Postal Code:
Member e-mail:	Cell:	Home phone:
Spouse/Partner email:	Cell:	

Boat Name	Make	Length:	Power/Sail
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Interests	Volunteer Interests
Big Boat Racing	Big Boat Racing
Cruising – Power & Sail	Cruising – Power & Sail
Social	Social
Training	Training
Crewing	Dinghy Fleet Maintenance
Youth Programs	Youth Programs
Dinghy Sailing	Dinghy Sailing
Dinghy Racing	Dinghy Racing
Fundraising	Fundraising
	Assisting in Special Events
	Club Communications / Publicity

Release: I agree to save harmless and keep indemnified the Powell River Yacht Club, its organizers and its respective agents, officials, servants and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, how so ever caused, arising out of or in connection with my taking part in any event notwithstanding that the same may have been contributed to or caused by negligence of the same bodies, or any of them, or their agents, officials, servants or representatives. By signing this membership form, I authorize the club to use any photos taken of me in their promotional and communications programs. I also authorize the club to distribute my phone number and e-mail address to other members of the club. I agree not to use the club membership information for soliciting purposes or sending non-club information. I further understand and agree that this release is binding upon me, my heirs, executors and assigns.

While using equipment, I take sole responsibility for any damage that occurs and I will ensure repairs are made.

For club sponsored activities, I hereby declare that my vessel complies with the minimum applicable Transport Canada Standards and Safety Requirements.

Print Name	Signature	Date

Amount Paid \$	Receipt No.	Date Paid	Membership Director's Signature
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