

Membership Application

Print and mail with payment to:

Collingwood Yacht Club Incorporated
P.O. Box 56, Collingwood ON L9Y 3Z4

www.collingwoodyachtclub.com

Personal Information

First Name: Last Name: Partner's Name:

Address:

Street: Home telephone : Email address

City: Province: Postal Code: Other Telephone:

Boat Information

Boat Name : Manufacturer:

Model: Power/Sail:

L.O.A.: Beam: Draft: Displacement: Colour:

Other:

Insurance Company : Policy Number:

Liability Amount: Expiry Date (M/D/Y):

Will you fill our 10 hours work requirement each year? **Y/N** (If no, you will be billed for hours not worked)

Do you have any special talents, trade skills or abilities to offer in lieu of work hours? (If yes please describe)

I hereby release Collingwood Yacht Club Incorporated from any liability or responsibility in any way for damages however caused, to my boat(s) and/or property whilst in or on Collingwood Yacht Club Incorporated premises. I also acknowledge that I must maintain at least two million dollars (\$2,000,000.) liability insurance on my boat at all times.

Date: Signature:

Witness signature :

Witness name (please print):

Witness address:

Sponsor's Name 1:

Sponsor's Name 2 :

For club use only

Amount Paid:

Membership Type: Full

Date Accepted (M/D/Y) :

Associate

Social