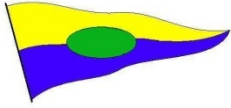


# Cedar Island Yacht Club



982 Heritage Rd.  
P.O. Box 214  
Kingsville, Ontario N9Y 2E9  
519-733-2555

<http://cedarisyachtclub.ca>

## FULL MEMBERSHIP APPLICATION

### MEMBER INFORMATION

GIVEN NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMAIL \_\_\_\_\_ CELL \_\_\_\_\_

HOBBIES, INTERESTS AND/OR SPECIAL SKILLS \_\_\_\_\_

SPOUSE'S GIVEN NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMAIL \_\_\_\_\_ CELL \_\_\_\_\_

HOBBIES, INTERESTS AND/OR SPECIAL SKILLS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TOWN/CITY & POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ OTHER PHONES (opt.) BUSINESS \_\_\_\_\_

NAMES & AGES OF CHILDREN LIVING AT HOME \_\_\_\_\_

### ADDITIONAL INFORMATION FOR FULL MEMBERS ONLY

**Note:** Membership approval does not guarantee a berth.

How many years of boating experience do you have? \_\_\_\_\_ Have you taken any boating courses? \_\_\_\_\_

If you require a dock, please provide the following information.

Type: Sail \_\_\_\_\_ Power \_\_\_\_\_ Manufacture \_\_\_\_\_ Boat Name \_\_\_\_\_

Length \_\_\_\_\_ Beam \_\_\_\_\_ Draft \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Name of Broker \_\_\_\_\_

Policy No. \_\_\_\_\_ Amount of Liability \_\_\_\_\_ Expiration Date \_\_\_\_\_

### REFERENCES

CHARACTER REFERENCES - other than CIYC or family members (include phone numbers)

a) \_\_\_\_\_

b) \_\_\_\_\_

### CLUB SPONSORS

Three CIYC members must sponsor this application. All sponsors must be in good-standing with CIYC. **By signing this application, Club Sponsors agree to mentor the applicant during the first year of membership.**

1. NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

2. NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

3. NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Note:**

1. A Full Member is a person who signed the application form (including his or her spouse), has met the criteria of the application and has been met and accepted for membership by the Executive. It is understood that both spouses share a single voting membership.
2. **The Initiation Fee of \$1500 plus HST must be made at the time of application.** Additional information regarding Initiation Fee Options, is available in the Bylaws, Policies & Procedures **#8 Membership Fees and Charges for the Season.**
3. Please send application to P.O. Box 214, Kingsville, ON, N9Y 2E9 or give to an Executive Member. Payment can be made by cheque payable to "Cedar Island Yacht Club or e-transfer to [payciyc@gmail.com](mailto:payciyc@gmail.com).
4. This application will be posted for 15 days for viewing by the members of CIYC.
5. For privileges and responsibilities of Full Membership, please review the Bylaws, Policies and Procedures **#3 Full Member**
6. All boat partnerships must be reported at the time of applying, and all partners must apply for membership.
7. Each Full Membership is responsible for performing 20 hours minimum of work per fiscal year.

**INDEMNITY AND LIABILITY CLAUSE**

As a Member of Cedar Island Yacht Club, I agree to indemnify and save harmless CIYC, its officers and directors from any and all losses, claims, actions, damages, liabilities and expenses, including legal fees in connection with personal injury or death, property damage or any other loss or injury whatsoever (a) arising out of the use by the Member of the building, property, tools, equipment and facilities owned by CIYC (b) by the member's participation in any programs of CIYC (c) by the Member or any invitee of the Member or any other person permitted by the Member onto the building and property owned or controlled by CIYC.

CIYC shall not be liable or responsible in any way for any injury to any person or for any loss or damage to any property or building owned or controlled by CIYC howsoever the same shall be caused. I agree to strictly observe all rules and regulations of Cedar Island Yacht Club.

**STATEMENT OF COMMITMENT**

Signing this application indicates that I have read the above information and I hereby agree that I will adhere to the Bylaws, Policies and Procedures of Cedar Island Yacht Club which are available under "MORE" at <https://www.cedarislandyachtclub.ca>.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**CANADIAN ANTI-SPAM LEGISLATION (CASL)**

Please sign here if you agree to receive electronic communication (including invoices, messages, newsletters, etc.) to keep you informed about happenings at CIYC.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR EXECUTIVE USE ONLY**

Date application was received \_\_\_\_\_

Date of executive approval \_\_\_\_\_

Posting period end date \_\_\_\_\_

Executive Signatures (minimum of four members)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

References checked \_\_\_\_\_ Info sent to Finance Team \_\_\_\_\_ Info sent to Dock Director \_\_\_\_\_

Amount of Initiation Paid \_\_\_\_\_ Insurance Information Submitted to Secretary \_\_\_\_\_

Information added to Roster \_\_\_\_\_ Email for CIYC NEWS \_\_\_\_\_