



HAMILTON BAY SAILING CLUB 2018 MEMBERSHIP APPLICATION

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Postal Code: _____

E-mail Address: _____ Phone # _____

We may publish an internal membership directory. If you do not wish to have your address, phone number and e-mail listed, please check here []

- I WOULD LIKE TO BECOME A FULL MEMBER – \$400
 I WOULD LIKE TO BECOME A SOCIAL (non-sailing) MEMBER - \$40

Please check ONE of the following:

I will start the season as a: NEW MEMBER [] Returning CREW [] FIRST MATE [] SKIPPER []

I am primarily interested in sailing;
 Sirius(Large boats) [] or Albacores(Small boats) []

Please circle the ONE week day that you prefer to sail and cross out the days you cannot sail (for June - Sept):

MON. TUE. WED. THURS. FRI.

SKIPPERS ONLY - Please circle the days you are available to teach (for June - Sept):

MON. TUE. WED. THURS. FRI.

Skippers, are you interested in Coordinating boat assignments on your scheduled night? (To be rotated each month) Yes [] No []

ALL MEMBERS - We are a cooperative, non-profit organization, and it is expected that all members volunteer in their chosen area to keep our club running. Please check AT LEAST ONE of the following:

My volunteer commitment for the club will be to help with:

Boat Repair [] Clubhouse Maintenance [] Race Committee [] Social Committee []

Payment option 1: Mail completed and witnessed application with cheque to: 1273 Safari Rd. RR#1 Millgrove, ON L8B 1S5
 Please make cheque payable to: HAMILTON BAY SAILING CLUB

Payment option 2: Email completed application to hbscpayments@gmail.com and send payment via interact e-transfer

WAIVER AND ACKNOWLEDGEMENT

AS A MEMBER OF THE HAMILTON BAY SAILING CLUB I ACKNOWLEDGE AND AGREE; that by accepting membership in the Hamilton Bay Sailing Club (the Club), neither the Club nor any of its officers or members shall be liable for any type of injury, loss, or damage suffered by myself while participating in or resulting from participating in any of the Club's activities or while using any of the club's equipment. I hereby waive and agree to forego any and all claims or actions that I might otherwise be entitled to in lieu of signing this Waiver and Acknowledgement and accept full responsibility for myself and of my guests. I further acknowledge that photos of myself and my guests may appear in the members'-only section of the website. (If you do not want your photograph to appear on the website, check here) []

I understand that membership is limited and places will be granted in order of the date the application is received until membership is deemed to be full. I also understand that membership is restricted to persons 19 years of age and older *and that my membership fee cannot be refunded once my application has been accepted.*

Signed _____ Date: _____

Witnessed _____ Date: _____

For further information contact: Commodore Mark Simpson: hbscmark@gmail.com or 519-759-1759

Treasurer Terry Wagg: trustuss@aol.com or 289-260-8056

Club Secretary Wendy Wilson: hbscsecretary@gmail.com or visit our web site at

www.thehbsc.com