

**19 Wing Comox Yacht Club
MEMBERSHIP APPLICATION**

For Executive use
(New membership No.)

1. Tell us about yourself...

Title	Last Name	First Name	Spouse's Name	Total # in Family
Rank	Unit	Section		
Mailing Address - Street			City	
Province	Postal Code	Email Address (please print exactly as it appears)		
Home Phone #	Work Phone #	Vehicle License #	Membership type <input type="checkbox"/> New or <input type="checkbox"/> Renewal	
Boat Type	Boat Name	Boat Location		

2. What certifications do you presently hold? (Must be able to show CYA / ISPA card, Log Book, or kayak course receipt upon request) ("X" if applicable)

<input type="checkbox"/>	Cruising	<input type="checkbox"/>	Dinghy	<input type="checkbox"/>	PCOC
<input type="checkbox"/>	VHF Radio	<input type="checkbox"/>	Kayak	Cert#	
Cert #				Other	

3. Do you plan on renting club keelboats in the coming year? Attached Damage Deposit for Keelboat Rental

Yes No

4. What courses/training would you like in the future? (Your name will be put on an interest list) ("X" if applicable)

<input type="checkbox"/>	Cruising \$375.00 ea.	<input type="checkbox"/>	Dinghy Training	<input type="checkbox"/>	PCOC
<input type="checkbox"/>	VHF Radio	<input type="checkbox"/>	Kayak Training (30.00 ea.)	Other	

5. What type of annual membership are you applying for? (Circle one only)

Regular	Ordinary	Associate	Junior	
Military \$60.00	X-Military or Canex Patron \$65.00	Civilian (Requires letter to Commodore) \$85.00	(Under 18 yrs) ¼ of applicable membership fee	

NOTE - All prices include applicable taxes

6. All members are expected to participate in a club support activity. Please indicate the activity you prefer. ("X" as applicable)

<input type="checkbox"/>	Executive Committee	<input type="checkbox"/>	Club House Cleanup	<input type="checkbox"/>	Phone Committee
<input type="checkbox"/>	Kayak Work Party	<input type="checkbox"/>	Cruise Planning	<input type="checkbox"/>	Fund Raising
<input type="checkbox"/>	Dinghy Work Party	<input type="checkbox"/>	Social Committee	<input type="checkbox"/>	Bar Tending
<input type="checkbox"/>	Keelboat Work Party	<input type="checkbox"/>	Kayak Instructor		

What Club access are you applying for now? ("X" if applicable)

<input checked="" type="checkbox"/>	Annual membership type (from step 5)	\$
<input type="checkbox"/>	Annual Kayak rental (\$50.00) per family	\$.
<input type="checkbox"/>	Annual Dinghy rental (\$15.00)	\$
<input type="checkbox"/>	Training Cost	\$.
	Total Dues payable	

8. Signature of Applicant _____ Date _____

Note - Please make Cheques payable to "BASE FUND"

Deliver completed form with payment to any member of the executive.

For Executive use				Ver.8 – May 8, 2011
Total Dues Paid		Paid by:	Cheque	Executive Signature
Receipt #			Cash	

19 WING COMOX YACHT CLUB (19WCYC)

**RELEASE AND WAIVER OF LIABILITY – PERSONAL INJURY AND PROPERTY DAMAGE
PLEASE READ CAREFULLY – SIGNING THIS FORM MAY AFFECT YOUR LEGAL RIGHTS**

I, _____ of _____
[Print Full Name] [Address]

understand, acknowledge and accept that by participating in _____, or any

sports and recreation activities, programs or clubs, and/or using the sports and recreation facilities, services, resources, equipment, or other materials of 19 Wing/Canadian Forces Base Comox (“19 Wing”), including those that may be rented, hired, chartered or otherwise provided or operated on behalf of 19 Wing by a third party or other government department or agency, I may be exposed to risk, including, but not limited to, damaged, destroyed or lost personal property, and/or serious personal injury or death. **By participating in any such recreational or sporting activities I agree to assume any and all associated risk**, whether specified within this document or not, **even if it results from negligence.**

In consideration for permission to attend or participate in any recreational or sporting activities or clubs at 19 Wing, or any other services or programs, or the use of any equipment or resources that may be supplied by 19 Wing or any third party on behalf of 19 Wing, or any other facilities, services, resources, equipment or materials of the Canadian Forces (“CF”), the Department of National Defence (“DND”), or other departments, agencies, organizations, or other elements of the Government of Canada, I hereby, and on behalf of my dependants, heirs, executors, administrators and assigns (collectively, the “Releasers”) forever release, remise and discharge Her Majesty the Queen in Right of Canada, including, but not limited to, her officers, agents, employees, representatives, contractors, and members of the CF and the DND (collectively, the “Releasees”), jointly and severally from any and all manner of actions, causes of action, contracts (whether express or implied), claims and demands for damages, losses or injury, suits, debts, sums of money, indemnity, expenses, interest, costs, and claims of any kind whatsoever, at law or in equity, which the Releasers may have now or in the future that may arise out of my participation in, or use of, any 19 Wing sports and recreation activities, programs, clubs, facilities, services, resources, equipment or other materials.

I acknowledge and voluntarily accept the terms of this release and waiver of liability and, in so doing, **I waive any legal rights** of recourse that may exist or arise against the Releasees.

SIGNED this ____ day of _____ 201__, in the Town of Lazo, in the Province of British Columbia.

(custodial parent/guardian if participant is under the age of 19) Releasor

Witness

Witness [Print Name]