



## Membership Application

PO Box 33051  
Cathedral P.O. Regina, SK S4T 7X2

I, (full name) \_\_\_\_\_, apply to become a member of the Regina Car Share Co-operative (RCS).

I recognize that if RCS accepts my submission, this application will become a binding contract, and that my membership application is subject to my payment of the membership share and a successful review of my driver's licence, and driving record.

### Application Check List:

- \$500.00 Co-operative membership share
- \$25.00 non-refundable registration fee
- Copy of valid driver's license
- Driver Abstract from SGI and/or previous driver's license provider to a minimum of a 2 year history
  - SGI Link to obtain Driver Abstract (Member is responsible for SGI fee, which is \$10 as of November 2009.)  
[http://www.sgi.sk.ca/sgi\\_pub/drivers\\_licences/drivers\\_licence\\_abstract.htm](http://www.sgi.sk.ca/sgi_pub/drivers_licences/drivers_licence_abstract.htm)

I have read and understand the Bylaws of RCS and the RCS Member Manual.

I agree to observe and be bound by the Bylaws and Manual including any amendments to either document. They form part of this contract. I recognize that RCS's Board of Directors may amend the Manual and that members of RCS may amend the Bylaws

If my application is accepted, RCS will, subject to all terms and conditions in the Manual and this application, provide me with access to vehicles owned or rented by it ("Co-op Vehicles") and pay for Co-op Vehicles related expenses such as gas, tires, maintenance and certain repairs.

I understand that RCS will endeavour to ensure vehicles are clean, reliable and well maintained. I, however, recognize that:

- Members share responsibility for the maintenance and safety of Co-op Vehicles;
- RCS's periodic inspection of vehicle is supplementary to the inspection of vehicles by members;
- As a member I will be responsible for ensuring the safe condition of any Co-op Vehicle which I drive;
- RCS does not make any representations or warranties as to the fitness or condition of any Co-op Vehicle.

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I recognize that the Manual and Bylaws state when I will be responsible for paying various fees, expenses, liens, and fines. I agree this money will be a debt due and payable to RCS and that RCS will have a lien on my membership share to cover the full amount owing.

I understand that RCS will ensure that Co-op Vehicles are insured under a comprehensive insurance policy, the details of which are available from RCS. I recognize that RCS will only be liable to me for any damages arising out of my use of a Co-op Vehicle if RCS's gross negligence has caused damages. I waive any right I have to sue or make claims against RCS and its directors, officers, employees or members for damages arising from the fitness or condition of a Co-op Vehicle, except in cases of gross negligence. I also waive my right I have to sue or make claims against RCS and its directors, officers, employees or members for a vehicle not being available at the time it is booked.

I recognize that I, a member, am not a representative, agent or employee of RCS except in the case that the RCS Board of Directors has empowered me to act as a representative, agent or employee.

I understand that if I terminate my membership during my first six months of membership, RCS is not required to refund my membership share until six months after I have become a member or 90 days after I terminate my membership, whichever comes later. If I terminate my membership after the first six months of membership, RCS will refund my membership fee within 90 days of termination. In either case, RCS will only refund that portion of my membership fee (if any) remaining after deductions for money owing to RCS.

## To be completed by all applicants:

Name: \_\_\_\_\_

Contact Information: Phone: (Home) \_\_\_\_\_

Cellular: \_\_\_\_\_

Work: \_\_\_\_\_

Other: \_\_\_\_\_

Street Address: \_\_\_\_\_

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City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

(Optional) Referred by: \_\_\_\_\_