



Business Membership Application

PO Box 33051

Cathedral P.O. Regina, SK S4T 7X2

We, (full business name) _____, apply to become a member of the Regina Car Share Co-operative (RCS).

We recognize that if RCS accepts this submission, this application will become a binding contract, and that this membership application is subject to our payment of the membership share and completion of a business contract, negotiated with the RCS Board or their designated representative. The business contract will outline how many drivers are eligible to apply per member share purchased by our business.

Application Check List:

- \$1000.00 Co-operative membership share

Each driver must submit:

- \$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

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

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

If our 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.

We understand that RCS will endeavour to ensure vehicles are clean, reliable and well maintained. We, 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;

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- As a member we will be responsible for ensuring the safe condition of any Co-op Vehicle which our drivers drive;
- RCS does not make any representations or warranties as to the fitness or condition of any Co-op Vehicle.

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

We understand that RCS will ensure that Co-op Vehicles are insured under a comprehensive insurance policy, the details of which are available from RCS. We recognize that RCS will only be liable to us for any damages arising out of our use of a Co-op Vehicle if RCS's gross negligence has caused damages. We waive any right we 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. We also waive our right we 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.

We recognize that we, a unit of members, are not a representative, agent or employee of RCS except in the case that the RCS Board of Directors has empowered us to act as a representative, agent or employee.

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

To be completed by Business applicant:

Business Name: _____

Representative of Business _____

Contact Information: Phone: (Business) _____

Cellular: _____

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Fax: _____

Other: _____

Street Address: _____

City: _____

Postal Code: _____

Email Address: _____

Emergency Contact: _____

Phone: _____

Authorized Representative of Applicant Business (Signature):

Date: _____

Name of Witness: _____

Address of Witness: _____

Signature of Witness: _____

Date: _____

(Optional) Referred by: _____