



APPLICATION FOR JUNIOR MEMBERSHIP

WEST VANCOUVER
YACHT CLUB

Name		Master Miss	Date of Birth (mm-dd-yyyy)
Residence Address			
City/Town		Province	Postal Code
Home Phone	Cellular Phone	Email	
School Presently Attending		Years of Yachting Experience	Level of Sail Training Achieved

I am a member in good standing in the following clubs:

Name	Address
Name	Address
Have you ever been refused admission to or been expelled from any Club? <i>If yes, give details on a separate piece of paper and attach to the application.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

The following people (including one member of the West Vancouver Yacht Club) have agreed to provide references for me.

Name	Address
Name	Address

If elected, I hereby agree to be guided by the norms of the exemplary membership http://www.wvyc.ca/files/being_an_exemplary_member.pdf and to abide by the By-Laws and Regulations of the West Vancouver Yacht Club, and I understand that acceptance of this application for membership does not, in any way, oblige the Club to provide mooring space. Furthermore, I fully understand that any misrepresentation of fact made by me in this application shall be sufficient reason for the Board of Directors to refuse to consider this application, or if elected, to cancel my membership at any time without refund of monies paid to the Club.

Applicant's Signature	Date
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PARENT / LEGAL GUARDIAN

First Name	Last Name	Relationship	WVYC Member	Yes	No
Home Phone	Cellular Phone	Email			
First Name	Last Name	Relationship	WVYC Member	Yes	No
Home Phone	Cellular Phone	Email			

I hereby give permission for my child's name to be included in the annual West Vancouver Yacht Club yearbook.

APPLICATION FOR JUNIOR MEMBERSHIP CONT.

Signature of Parent/Legal Guardian		Date
Last Name	First Name	

PRE-AUTHORIZED DEBIT FOR JUNIOR MEMBER ACCOUNT

Financial responsibility for all fees, dues and member charges rests with parent or guardian. Please note: the club will be unable to process this application should the payment information be incomplete.

Payor Information

(Please type or print clearly)

Payor Name(s)		Telephone
Address		
City	Province	Postal Code
Signature(s)	Signature(s)	

Payor Financial Institution/Banking Information

(Please type or print clearly, or attach VOID cheque)

Branch Number	Institution Number	Account Number
Name of Financial Institution		Branch
Address		
City	Province	Postal Code
Amount (\$)	Frequency	Starting Date

**** Junior Membership applicants may be required to meet with the Director of Junior Activities.**

OFFICE USE ONLY			
Date application received at WVYC	_____	Time	_____
Date published in Foghorn	_____	Member #	_____
Date membership accepted	_____		
Effective Member date	_____		

AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN TERMS & CONDITIONS

1. In this Authorization, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal / household or consumer purposes and I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Consumer PAD"), on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and I authorize the financial institution to honour and pay such debits. This Authorization is provided for the benefit of the Payee and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a consumer PAD, and any Consumer PAD drawn in accordance with this Authorization, shall be binding on me as if signed by me, and, in the case of paper debits as if they were cheques signed by me.
3. I may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. This Authorization applies only to the method of payment and I agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between me and the payee.
4. I agree that my Financial Institution is not required to verify that any Consumer PAD has been drawn in accordance with this Authorization, including the amount frequency and fulfillment of any purpose of any Consumer PAD.
5. I agree that delivery of this Authorization to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Authorization to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Authorization to such financial institution.
6. I understand that with respect to:
 - a) fixed amount Consumer PADs, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Consumer PAD, and such notice shall be received every time there is a change in the amount or payment date(s); or
 - b) Variable amount Consumer PADs, we shall receive written notice from the Payee of the amount to be debited and the due dates of debiting, at least ten (10) calendar days before the due date of every Consumer PAD.
 - c) A Consumer PAD Plan that provides for the issuance of a Consumer PAD in response to my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Consumer PAD in full or partial payment of a billing received by us, the ten (10) day pre-notification is waived.
7. I may dispute a Consumer PAD by providing a signed declaration to my Financial Institution under the following conditions:
 - a) the Consumer PAD was not drawn in accordance with this Authorization
 - b) this Authorization was revoked;
 - c) any pre-notification required by section 6 was not received by me;

I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Consumer PAD, I must sign a declaration to the effect that either a) b) or c) above took place and present it to my financial institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Consumer PAD was posted to the Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Consumer PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such Consumer PAD.
8. I certify that all the information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next due date of a Consumer PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Consumer PADs.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
10. I understand and agree to the foregoing terms and conditions. I agree to comply with the rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
11. I agree to comply with the rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

Name of Account Holder	Signature	Date
Name of Account Holder	Signature	Date