

## **Hamilton CarShare and Grand River CarShare Associate Non-driving Membership Application**

Up to two people may share one Associate Non-driving Membership (“membership”). Each membership shall be entitled to one vote.

I (we), \_\_\_\_\_ ,  
\_\_\_\_\_ ,

hereby apply to become an Associate Non-driving Member (“member”) of Hamilton CarShare and Grand River CarShare (incorporated as The People’s Car Co-operative Inc.), herein referred to as “the Co-op”.

Enclosed is my (our) membership loan (refundable) of \$\_\_\_\_\_ .

I (we) recognise that:

- if the Co-op accepts this Associate Non-driving Membership Application (“application”), the terms of this application along with the terms of the Member’s Manual (“Manual”) and the Co-op’s By-Laws (“By-Laws”) immediately constitute a binding contract;
- The Co-op’s acceptance of this application is subject to my (our) making the required minimum membership loan, as set out in the Manual;
- by making the minimum membership loan, I (we) am (are) now a member of the Co-op .

I (we) have read and understood

- The By-Laws of the Co-op,
- The Manual.

I (we) agree to observe and be bound by both the By-Laws and the Manual, including any amendments to either document. They form part of this contract. I (we) recognise that the Co-op’s Board of Directors may amend the Manual and the application and that members of the Co-op may amend the By-Laws.

I (we) recognise that the Manual and the By-Laws state that as a member I (we) will be responsible for paying various fees, expenses, liens, fines and adhere to the prescribed timelines for their payment. I (we) agree that this money will be a debt due and payable by me (us) to the Co-op and that the Co-op will have a lien on my (our) membership loan to cover the full amount owing. Any amount due and payable can be set off against my (our) membership loan balance, and will only be restored once all debts have been paid.

I (we) recognise that I (we) am (are) not a representative, agent or employee of the Co-op except to the extent the Co-op’s Board of Directors may from time to time expressly designate me (us) as a representative, agent or employee. I (we) also agree to indemnify the Co-op for liability incurred to third parties as a result of my (our) actions as a representative, agent or employee, whether I (we) was (were) acting within or outside the scope of my (our) authority or apparent authority.

I (we) understand that if I (we) terminate my (our) membership, the Co-op will refund my (our) membership loan within 90 days. The Co-op will refund that portion of my (our) membership loan remaining after deductions for money owing to the Co-op.

Name(s) and personal information of the person(s) signing this application will be kept CONFIDENTIAL, in accordance with the Co-op’s Privacy Policy.

**TO BE COMPLETED BY ALL APPLICANTS**

I (WE) HAVE READ AND UNDERSTOOD THE FOREGOING AND I (WE) AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

Name \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (work) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

E-mail address \_\_\_\_\_

**Signature** \_\_\_\_\_

Name #2 \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (work) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

E-mail address \_\_\_\_\_

**Signature** \_\_\_\_\_

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**TO BE COMPLETED BY THE CO-OP**

Accepted by the Co-op

Name of Board Member: \_\_\_\_\_

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

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