



Membership Application

Thank you for your interest in becoming a member of Peg City Car Co-op. To ensure a timely application process, please read through the application below and complete all required fields. If you have any questions, please contact us at info@pegcitycarcoop.ca or call 204-793-3912.

Application Checklist

- \$500.00 co-op membership shares (one-time, refundable if you leave the co-op)
- Additional drivers – up to 3 additional drivers from the same household can be added to the Member's account for a \$250.00 deposit per applicant (one vote per household)
- \$35.00 non-refundable application fee per applicant (\$25.00 if you pay for membership shares by cash or cheque)
- A completed Driver Abstract Request Form per applicant (see page 4)

Eligibility Criteria – to join, you must:

- Be at least 21 years old;
- Have held a valid driver's license for at least three years;
- Currently hold a Manitoba 5F class license or an equivalent;
- No speeding convictions 30km above speed limit within last 3 years;
- Maximum 4 minor driving infractions within last 3 years;
- No more than one (1) at-fault accident in the previous 3 years; and
- Have no criminal driving charges.

Member Contact Information

First Name: _____ Last Name: _____

Address: _____

Postal Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Additional Driver(s)

First Name: _____ Last Name: _____

Cell Phone: _____ Email: _____

First Name: _____ Last Name: _____

Cell Phone: _____ Email: _____

Driver Record Information

Member

Have you had more than 1 at fault accident? Yes No

Additional Driver(s)

Have you had more than 1 at fault accident? Yes No

Name: _____

Have you had more than 1 at fault accident? Yes No

Name: _____

Please fill out a Driver's Abstract Request Form (per applicant) on page 4.

Vehicle Ownership & Patterns

Help us build the environmental case for carsharing by answering the following:

How many vehicles does your household currently own? _____

Approximately how many kms per year do you (or your household) currently drive? _____

How did you hear about the Co-op? _____

Payment Information

Payment Method: Cheque Cash Credit Card

Credit Card Information

Customer Name:	
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	CSC (3 digit security code on back):
Credit Card Number:	Expiry Date:
Name as it appears on Credit Card:	
Payment Amount:	
Signature:	Date:

I hereby apply to become a Member of Peg City Car Co-op herein referred to as "the Co-op".

I recognize that:

- If the Co-op accepts this Membership Application ("application"), the terms of this application 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 the approval by the Co-op's insurance provider of my driver's license(s) and driver's abstract(s), and by purchasing the required membership shares, as set out in the Manual;
- By making the minimum membership shares, I am now a Member of the Co-op.

I agree to observe and be bound by the By-Laws, including any amendments as they form part of this contract. I recognize that the Co-op's Board of Directors may amend the application and that members of the Co-op may amend the By-Laws.

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

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

I understand that the Co-op will ensure that the Co-op vehicles are insured under a comprehensive Insurance policy, the details of which are available from the Co-op. I waive any right I have to sue or make claims against the Co-op and any of its Directors, employees, members, partner agencies or institutions, agents, or sponsors for damages arising from the fitness or condition of the Co-op vehicles.

I understand that, if I choose to make use of the child restraints, it is my responsibility to ensure that the manufacturer's instructions (for the child restraint and vehicle) are followed every time the child restraint is used. I am voluntarily assuming the risk involved, and in doing so I will be solely responsible for any loss or damage sustained.

I also agree to indemnify the Co-op and any of its Directors, employees, members, partner agencies or institutions, agents, or sponsors where it has incurred liability and expense as result of a claim by a third party for damages arising out of my use of the Co-op vehicles.

I also waive any right I have to sue or make claims against the Co-op and any of its Directors, employees, members, partner agencies or institutions, agents, or sponsors for a Co-op vehicle not being available at the time it was reserved.

I recognize that I am 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 as a representative, agent or employee. I also agree to indemnify the Co-op for liability incurred to third parties as a result of my actions as a representative, agent or employee, whether I was acting within or outside the scope of my authority or apparent authority.

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

I HAVE READ AND UNDERSTOOD THE FOREGOING AND I AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS

Member Signature: _____

Additional Driver: _____

Additional Driver: _____

Application Date: _____

Driver's Abstract Request Form

* one per applicant

Driver Information

Name: _____
Last Name First Name Middle Initial

Driver's License Number: _____

Date of Birth (Year/Month/Day): / /

Telephone: _____

Authorization to Disclose Driver Abstract

I hereby authorize Manitoba Public Insurance to disclose my Driver Abstract to the individual/company noted below, in person, by facsimile or email.

Individual/Company: **Peg City Car Co-op Ltd**
 302L - 421 Mulvey Ave E
 Winnipeg, Manitoba R3L 0R6

Driver's Signature: * _____

Date: _____

* A photocopy of this signed authorization shall have the same authority as the original.

Payor Information

Company: **Peg City Car Co-op Ltd**, 302L-421 Mulvey Ave W, Winnipeg, Manitoba, R3L 0R6

Contact Name: _____ Telephone: (204) 793-3912