

CARSHARING CO-OPERATIVE OF EDMONTON

MEMBER APPLICATION

For membership with the CarSharing Co-operative of Edmonton (CCE), a person must meet the eligibility requirements as stated in Article III Section 1.1 of CCE's Bylaws and the following:

- Possess a valid driving licence.
- Be in general agreement with the objectives of the Co-operative and agree to abide by the by-laws, policies and procedures of the Co-operative.
- Receive approval by the CCE's insurers of your driving record.

Therefore, I authorize CarSharing Co-operative of Edmonton to:

- Contact my insurer in order to determine claims experience
- Obtain a credit history and conduct a credit check on me (Not applicable for Group Designated Drivers)

On this _____ day of _____, 20____, I, _____ submit this application form for membership with the CarSharing Co-operative of Edmonton.

My \$25.00 application fee is enclosed. I will obtain a driver's abstract (at my own expense) and mail it to

CCE
10825 80 Avenue
T6E 1V9

Signature

Have you had automobile insurance during the past three years? YES NO

If yes:

Name of Insurance Company

Policy Number

Please contact your insurance company and ask them to produce a letter of your insurance claims history and submit it along with your application.

If you do not currently have automobile insurance, how long has it been since you were insured? _____ years

Driving Licence #

Licenced Since (Date)

Date of Birth

Phone (home)

Phone (work/cellular/other contact)

Address

City, Province, Postal Code

Email

Type of membership:

Full Member

Associate Member with Full Member _____

Designated Driver for the Group _____

Please answer the following questions for insurance purposes:

- Has any driver licence, vehicle permit, etc., issued to you been suspended or cancelled in the last six years?

YES NO

- Has any insurance company cancelled automobile insurance for you in the last three years?

YES NO

- In the last three years, has an automobile insurance policy issued to you been cancelled or has any claim been denied for material misrepresentation on the insurance application?

YES NO

- Are you subject to fainting spells, dizziness, or loss of consciousness?

YES NO

- Have you been found by a court to have committed a fraud connected with automobile insurance?

YES NO

How did you hear about the CarSharing Co-operative: _____

To be completed by CCE Staff

_____ Date Received

_____ Abstract

_____ Date

_____ Forwarded to Insurers

_____ Date

_____ Credit Check

_____ Date

_____ Date Completed

_____ Applicant Notified

Comments:

