

**ABLE SAIL / HAND-VOILE INC.**  
**P. O. Box 9061, SHEDIAC N.B., E4P 8W5**  
**Tel. (506) 533-9750**  
[www.ablesail.ca](http://www.ablesail.ca)

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**MEMBERSHIP FORM**  
**FORMULAIRE D'ADHESION**  
**2012**

**we wish to become a member(s) of**  
**Nous désirons devenir membre(s) d'ABLE SAIL / HANDI-VOILE INC.**

Name/Nom \_\_\_\_\_ Telephone, \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Code postal \_\_\_\_\_

Email/Courriel \_\_\_\_\_

|               |                     |                                   |
|---------------|---------------------|-----------------------------------|
| Active Member | Family/famille      | 20.00                             |
| Membre actif  | Individualépersonne | \$10.00                           |
|               | Group Home          | \$10.00 per person max \$50.00    |
|               | Foyer groupe        | (we require your list of sailors) |
|               |                     | (Liste des marins obligatoire)    |

**PLEASE RETURN TO/PRIÈRE DE RETOURNER À**

**ABLE SAIL / HANDI-VOILE INC.**  
**P. O. Box 9061**  
**SHEDIAC N.B.**  
**E4P 8W5**

**ABLE SAIL / HANDI-VOILE INC.**

**WAIVER OF CLAIMS**

