

AOC Adventure Okanagan Co-operative
www.adventureokanagan.com

2905 30th Ave, Suite A, Vernon, British Columbia, Canada V1T 2B8
Phone 250-558-8821 Fax 250-768-9609 email info@adventureokanagan.com

Membership Application Form

This is an application for membership in Adventure Okanagan Co-operative. I understand that the Board of Directors will review this application and conduct a personal interview with my business to ensure that my operations meet the Co-op's criteria for quality, safety, and environmental consciousness and that my products and services complement those provided by other members.

Full Membership Application - \$360 **Associate Member Application - \$200**

Company Name _____ Contact _____

Address _____

City _____ Province _____ Postal Code _____

Phone #1 _____ Phone#2 _____ Fax: _____

E-Mail _____ Website _____

Website Host – Contact Name & Phone Number

Liability Insurance Agent Name & Phone Number

Please read and check each point as applies to your company.

Participation

I understand the principles of Co-operative organizations, and am willing to volunteer some of my time to AOC and to work with other members to further the co-operative's growth and development. I agree to provide an AOC web link on my web site within 30 days of my application being approved, and will provide AOC presence on my printed material when possible.

Compliance

My business and the products and services I sell are in full compliance with applicable laws and regulations.

Insurance

My business carries adequate insurance. I understand that without complying with AOC Liability Insurance and Risk Management Policies I cannot participate in Travel Packaging Programs.

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Policies and Standards

___ I understand that AOC has policies and standards related to Member conduct, customer service, and product quality and that those policies and standards emphasize excellence, teamwork, co-operation, respect for the values and goals of the communities we work in, and respect for the natural environment. I agree to observe and help in the continued development of those guidelines.

Please provide responses to the following questions. Your answers will assist AOC in determining that your business does not compete directly with existing co-op members.

1. What is your main season of operation?

2. What are the main tourism activities that your company provides?

3. What are the secondary tourism activities that your company provides?

4. What is the maximum size of group that you can currently serve on your own?
_____ people

IMPORTANT- Please attach the following documentation in order for your application to be processed:

1. Proof of Liability Insurance (Minimum \$2 million coverage)
2. Copy of Company Waivers and Risk Management Plan
3. Payment in Full - Or 3 post-dated cheques covering a four month period (Your cheque(s) will only be processed if your membership is approved.
4. Samples of your Promotional Materials
5. 3 Business and/or Character References that includes names and phone numbers.

I certify that the information that I have supplied within this Application to AOC Adventure Okanagan Co-operative is correct.

Signature _____ Date _____

Office Use Only:

Application Received By _____ **Approved/Date** _____

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