



## Hubbards Community Waterfront Association Member Agreement

**Applicant's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Summer Address:** \_\_\_\_\_  
(if different from above)

**Telephone:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Summer Home) \_\_\_\_\_ (Cell Phone) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Membership Terms:**

As a member of the Hubbards Community Waterfront Association (HCWA) , I agree to uphold the Objects of HCWA, its by-laws, terms & conditions and code of conduct. Having paid my dues and associated fees I will be entitled to all rights and privileges of membership.

I agree to indemnify, all Directors and Officers of the Society and their heirs, volunteers of the Society, executors, administrators, other legal personal representatives, estates and effects respectively, shall at all times be indemnified and saved harmless by the Society from and against:

- Any liability and all costs, charges and expenses whatsoever which Directors or Officers sustain or incur in or about any action, suit or proceeding which is brought, commenced or prosecuted against them, for in respect of any act, deed, matter or thing howsoever made, done or permitted by them in or about the execution of the duties of their offices on behalf of the Society;

- All other costs, charges and expenses that they may sustain or incur in or about or in relation to the affairs thereof, except such costs, charges, or expenses as are occasioned by their own wilful neglect or default.

It is the responsibility of the applicant to ensure **all** contact information is current.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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For HCWA use: Received and accepted by: \_\_\_\_\_ Date: \_\_\_\_\_