

Membership Application

I _____, apply for Membership in the AutoShare — Car Sharing Network Inc.
(print)

I recognize:

- that if AutoShare accepts my Application, the Application will become a binding contract, and
- **that AutoShare's acceptance of my Application is subject to my paying a Membership Fee and/or an Associate Membership Fee, and a successful check of my Driver's License and Driver's Abstract. The purchase must be completed before Membership is activated.**

I agree to observe the Terms and Conditions of Membership which describes the rights and responsibilities of Members and AutoShare, and which will be made available to me as a Member. I recognize that AutoShare may amend the Terms and Conditions of Membership and Price List at any time.

If my Application is accepted AutoShare will, subject to all the Terms and Conditions of Membership and this application:

- provide me with access to vehicles owned or rented by it, and
- pay for vehicle related expenses such as gas, tires, maintenance and certain repairs.

I understand that AutoShare will endeavor to ensure vehicles are clean, reliable and well maintained and will periodically inspect the vehicles. However, I recognize that:

- members share responsibility for the maintenance and safety of vehicles by promptly reporting problems;
- AutoShare's periodic inspection of vehicles is supplementary to the inspection of vehicles by members;
- AutoShare does not make any representations or warranties as to the fitness or condition of any vehicle.

I will be responsible for paying any fees owing to AutoShare arising out of my use of AutoShare Vehicles. I agree that this money will be a debt due and payable to AutoShare and that AutoShare has a lien on any Deposit I have made to cover the full amount owing. I understand that AutoShare will ensure that vehicles are insured under a standard insurance policy. I understand that I am responsible for the Insurance Deductible (as defined in the Terms and Conditions) and any costs not covered by the insurance on claims where I am at fault. I further understand that I will be charged for repairs less than the Insurance Deductible where I am at fault.

I recognize that AutoShare will not give me any warranty or guarantee except as follows: AutoShare will use reasonable care in the performance of its services. AutoShare will have a program of regular preventative maintenance and will deal in a reasonable way with defects that are reported to it. However, AutoShare will not be liable to me for any damages or losses however caused arising out of or in connection with:

- (a) a vehicle not being available when it was supposed to be: and/or
- (b) any malfunction of or deficiency in a vehicle, whether or not by accident, physical injury or property damage results; and/or
- (c) any defect in a vehicle, or any breach of warranty or other obligation by any manufacturer or supplier or repairer of a vehicle.

The above expresses the full obligation of AutoShare to the Member and is instead of a warranty, whether expressed or implied. In no event will AutoShare be liable for any damage or injury to persons or property, or loss of profits, or any indirect or consequential damages, however caused.

I understand that I can get a full refund of my Membership Fee and any Deposit if I inform AutoShare in writing of my intent to quit within 30 days of this application (but that any Application Fee paid is non-refundable). I also understand that after 30 days, any Membership Fee that I have paid is non-refundable. I also understand that any refund due to me will be paid 60 days after informing AutoShare in writing AND ONLY AFTER any monies owed to AutoShare have been paid and any AutoShare property issued to me is returned. Property includes but is not limited to the AutoShare lockbox key.

I confirm that I have read and agree to all of the above: *Signature* _____ *Date* _____



I AGREE TO ALL OF THE ABOVE

Name of Applicant _____

Phone (home) _____

Address _____

Phone (work) _____

City _____ Postal Code _____

Phone (cell) _____

Driver's License # _____

E-Mail _____

Signature _____ Date _____

I have previously held auto insurance: Insurance Co. _____ Policy # _____

- I confirm that I have no medical condition preventing me from safely operating a motor vehicle: *(Initial)* _____
- I first heard about AutoShare: __1 week ago __1 month __1-2 mo. __3-6 mo. __6-12 mo. __1 year ago+
- I first heard from (media, member etc.. please be specific as possible): _____
- Promotional Code / Referral: _____

WITNESSED BY AutoShare Signature _____ Date _____

Associate Membership

I apply to become an Associate Member of AutoShare. I agree to perform all obligations of Members as outlined in the Terms and Conditions of Membership and the Membership Agreement. I understand that my Associate Membership status is contingent on the above Membership Applicant remaining a Member in good standing, and paying an Associate Membership Fee.

Applicant for Associate Membership. _____ (Must live with Membership Applicant.)

Phone (work) _____ (cell) _____ Email: _____

Driver's License # _____

I have previously held auto insurance: Insurance Co. _____ Policy # _____

- I confirm that I have no medical condition preventing me from safely operating a motor vehicle: *(Initial)* _____

Signature _____ Date _____

I request AutoShare to accept the above-named applicant for Associate Member. AutoShare can place liens **against my Deposit and/or account** for debts due and owing from the applicant so long as the debts relate to use of vehicles that occurs prior to:

- AutoShare being notified in writing that the applicant and I are no longer residing together;
- The applicant terminating his or her Associate Membership; or
- The applicant becoming a Full Member.

Signature (Member) _____ Date _____

WITNESSED BY AutoShare Signature _____ Date _____

APPLICATION FEE

I would like to pay the \$25 + GST per person application fee(s) (\$_____ TOTAL) with:

- VISA / MasterCard / American Express card# _____ exp _____
- __ cheque (make cheque payable to AutoShare & mail with application)

Signature _____ Date _____