

# S.C. Professional Paddlesports Association

## 21 Garden Ave., Georgetown SC 29440

### MEMBERSHIP APPLICATION

Business Name \_\_\_\_\_

Owner's Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ 800# \_\_\_\_\_ FAX# \_\_\_\_\_

Email Address \_\_\_\_\_ Web Site <http://www.> \_\_\_\_\_

Years in Business \_\_\_\_\_ Year Business Started \_\_\_\_\_ Same Ownership? Yes No

Please check all of the following services you provide:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Canoes              | <input type="checkbox"/> Guide & Livery Service   | <input type="checkbox"/> Manufacturing                    |
| <input type="checkbox"/> Kayaks              | <input type="checkbox"/> Watercraft & Equip Sales | <input type="checkbox"/> Sales Representative             |
| <input type="checkbox"/> Rafts               | <input type="checkbox"/> Equipment Rental         | <input type="checkbox"/> Assoc., Club, Agency, Commission |
| <input type="checkbox"/> Tubes               | <input type="checkbox"/> Instruction              | <input type="checkbox"/> Camping                          |
| <input type="checkbox"/> Motor or Sail Boats | <input type="checkbox"/> Fishing Guide Service    |   |

Other: \_\_\_\_\_

### TYPE OF MEMBERSHIP REQUESTED

**Voting Member (\$100 Jan-Jun / \$50 Jul-Dec):** An applicant may be eligible to become a Voting Member by a vote of approval of the Board of Directors upon the following qualifications:

- (1) agrees to abide by the written SCPPA Standards, and
- (2) offers services to the paddlesports industry such as through:
  - (a) manufacture or distribution of paddlesports goods, or
  - (b) paddlesport rentals, guided tours, livery services and / or instruction.

The Business, not the owner of the Business, is considered the Voting Member of SCPPA. Each Voting Member must designate one individual as an authorized voting representative. Additional persons of the same Business may become Non-Voting Members of SCPPA. The rights and privileges for Voting Members include a SCPPA website and brochure listing. This privilege is not extended to Non-Voting Members.

Your designated voting representative: \_\_\_\_\_

**How would you like to have your business listed on the SCPPA website and printed brochure (name - address - phone - email - website)?** Visit our website [www.PaddleSC.com](http://www.PaddleSC.com) to see how our members are listed. This is how customers will contact you, so you may want to have your store name rather than corporate name, physical location such as a mall name, business phone rather than home phone, etc.:

**Non-Voting Associate Member (\$50 Jan-Jun / \$25 Jul-Dec):** Any group, association, club, agency, business, commission, individual or other legal entity who engages in allied trades who does not qualify as a Voting Member may be considered as a Non-Voting Associate Member by a vote of approval of the Board of Directors.

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**Please check all of the following regulatory agencies that require a permit and/or fee for you to operate:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> National Park Service                          | <input type="checkbox"/> U.S.D.A. Forest Service      | <input type="checkbox"/> U.S. Fish & Wildlife Service |
| <input type="checkbox"/> County Government                              | <input type="checkbox"/> U.S. Army Corps of Engineers | <input type="checkbox"/> Bureau of Reclamation        |
| <input type="checkbox"/> City Park <input type="checkbox"/> County Park | <input type="checkbox"/> State Park                   | <input type="checkbox"/> S.C.D.N.R                    |

Other, please list \_\_\_\_\_

**Do you show the PPA National Livery Safety Video at your operation?** Yes No

**Do you provide Guide Training?** Yes No    **Require Guide CPR certification?** Yes No

**Require Guide First Aid Certification?** Yes No    **Do you have Liability Insurance?** Yes No

**Have written Emergency Procedures?** Yes No    **Have a written Employee Manual?** Yes No

**Have you had any accidents in the past 10 years that have resulted in legal action against your operation?**

Yes No **If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_(use other side if needed)

**Have you had any accidents in the past 10 years that have resulted in an injury to your customers or others?**

Yes No **If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_(use other side if needed)

**Have you had any accidents in the past 10 years that have resulted in a fatality to your customers or others?**

Yes No **If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_(use other side if needed)

**What is your greatest concern for your business?** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_(use other side if needed)

**In what way can SCPPA help you address this concern?** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_(use other side if needed)

**Please check all types of waterways upon which you operate:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Coastal Offshore      | <input type="checkbox"/> River flatwater | <input type="checkbox"/> River Class IV |
| <input type="checkbox"/> Intracoastal Waterway | <input type="checkbox"/> River Class I   | <input type="checkbox"/> River Class V  |
| <input type="checkbox"/> Salt Water Marsh      | <input type="checkbox"/> River Class II  |   |
| <input type="checkbox"/> Lake                  | <input type="checkbox"/> River Class III |   |

**Number of Rental and Tour Units:**

**Manufacturer(s):**

Canoes _____	_____
Kayaks _____	_____
Rafts _____	_____
Tubes _____	_____
Total Units _____	

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- Voting Member Application (\$100 Jan-Jun / \$50 Jul-Dec)
- Non-Voting Associate Member Application (\$50 Jan-Jun / \$25 Jul-Dec)

Amount Enclosed \$ \_\_\_\_\_

MAKE CHECKS PAYABLE TO:

SCPPA  
21 Garden Ave.  
Georgetown SC 2940

\*\*\*\*\*

By my signature I state that the information I have given above is true and that I understand and agree to abide by the guidelines of the SOUTH CAROLINA PROFESSIONAL PADDLESPORTS ASSOCIATION.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

### Office Use

Date received \_\_\_\_\_ Reviewed by \_\_\_\_\_

Approved  Denied by Vote of Board of Directors on \_\_\_\_\_

Recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date payment returned if membership denied \_\_\_\_\_ by \_\_\_\_\_