



CANADIAN RECREATIONAL YACHTING ASSOCIATION

INSTRUCTOR APPLICATION

Please fill in all sections where applicable and read and sign the terms of application. Any questions about this application please contact CRYA at 250.244.6966 or email, Instrcoordinator@crya.org

Please check or answer as appropriate.

APPLICATION STATUS

New

Renewal

INSTRUCTOR CONTACT INFORMATION

Full Name _____

Date of Birth _____

Operating Business Name and Address (if applicable)

Contact email for Applicant _____

Contact Phone # for Applicant _____

Marine/Training Certificates and Certifications (Attach copies if possible)

Please attach your detailed Boating and Yachting Resume _____

Certificate Copies Attached:

VHF _____

First Aid _____

PCOC _____

ICC _____

STCW Training _____

Please attached a synopsis of your seetime with copies of supporting documents if possible.

Are you affiliated with any Yachting Schools _____

Please indicate:

Fee remitted _____ (fee is \$150 per annum...waived if you are a CRYA member)

I certify that all the information contained herein and attached in support of this application is true and accurate to the best of my knowledge.

Signed _____

Instructor Applicant

Please scan all material and send your completed application, supporting documentation to the CRYA Instructor Coordinator, David Martin
instrcoordinator@crya.org

Payment of your fee by interac transfer to: Accounting@crya.org