



Name \_\_\_\_\_ HCBC # \_\_\_\_\_

Birth Year \_\_\_\_\_ Gender  F  M

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

***additional applicants residing at the above address or included in family membership***

Name \_\_\_\_\_ Birth Year \_\_\_\_\_ Gender  F  M

Name \_\_\_\_\_ Birth Year \_\_\_\_\_ Gender  F  M

Name \_\_\_\_\_ Birth Year \_\_\_\_\_ Gender  F  M

Name \_\_\_\_\_ Birth Year \_\_\_\_\_ Gender  F  M

Name \_\_\_\_\_ Birth Year \_\_\_\_\_ Gender  F  M

**IMPORTANT PLEASE READ**

**Terms & Conditions**

Horse Council BC membership is non-refundable.  
No pro-rating or top up of Individual Membership to Family Membership  
This Membership expires December 31st each year

Horse Council BC may use the contact information collected for the purpose of providing me with information related to my membership. Email consent is required to access your online account and reset your password. Newsletters and special promotions can be opted out of at any time through the unsubscribe button or contacting the office.

**MANDATORY: CONSENT BY PARENT OR GUARDIAN FOR APPLICANTS UNDER 19 YEARS OF AGE**

I acknowledge I am the parent or guardian for the minor or minors (*persons under 19 years of age*) named on this application. I give my consent for the named applicant to join Horse Council BC. I declare all information given to be true.

**Parent/Guardian Name:**  
*(please print)* \_\_\_\_\_

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

**Signature :** \_\_\_\_\_

**PLEASE NOTE:** Horse Council is going green! You will be receiving an email membership card and information package to your email address. If you would like a membership card and information package mailed out to you instead, please check the box.

**Included with your membership:** \$5,000,000 excess personal liability insurance; \$30,000 (principal sum) Accidental Death & Dismemberment (AD&D) insurance(**excludes fracture & dental**); Hauling of non-owned horse liability insurance up to \$10,000 per horse/\$50,000 per accident. Basic membership also includes Enhanced Personal Liability insurance which provides for the NON-COMMERCIAL not-for-profit care, custody and control of up to a maximum of 3 non-owned horses in any environment, e.g. emergency housing situation, neighbourly housing of horses for a period of time not to exceed three(3) months.

2018 Horse Council BC membership may include registered participant status and associated privileges in Equestrian Canada. Please note this is **NOT** your Equestrian Canada Sports License. The Sports License must be purchased separately through Equestrian Canada at [www.equestrian.ca](http://www.equestrian.ca).

The Insurance coverage included with your Horse Council BC membership is provided to you by CapriCMW Insurance Services Ltd. HCBC is not licensed to sell or provide counsel on the insurance coverage. Please contact CapriCMW Insurance directly for any questions regarding coverage, limitations or exclusions at 1-800-670-1877 ask for the Equine Department.

HCBC Membership: prices include tax	Price	Qty	Price
2018/2019 Adult Membership (19 or over as of January 1, 2019)	\$75.08 /member	x	\$
2018/2019 Youth Associate (18 or under as of January 1, 2019)	\$62.76 /member	x	\$
2018/2019 Family	\$194.43 /family	x	\$

(Minimum 3 people defined as parent(s) or legal guardian(s) and their junior children residing at the same address. Maximum 2 Adults per family. Each member will receive their own number and card.)

**Magazines** \* Special prices with membership renewal! Includes shipping direct to your home \* Tax included in prices\*  
By purchasing magazine subscriptions you are providing consent for your information to be gathered and shared with the magazine in order to issue your subscription. If you have any questions please contact [membership@hcbc.ca](mailto:membership@hcbc.ca)

Canadian Horse Journal - 6 issues. <i>Includes free digital copies.</i>	\$22.05/ Subscription	x	\$
Saddle Up Magazine - 12 issues	\$21.00/Subscription	x	\$

**HCBC Products** \* for a full list of books and products available please visit [www.hcbc.ca](http://www.hcbc.ca)\* Tax included in prices\*

Ride and Drive Program <i>*a program for BCs' recreational riders*</i>			
Ride and Drive Initial enrollment <i>:(includes Equine Companion boo</i>	\$31.50	x	\$
Renewal without Equine Companion	\$10.50	x	\$
Renewal with Equine Companion	\$15.75	x	\$

Donation to:	<input type="checkbox"/> BC Equestrian Trails Fund <i>Thank you for supporting BCs' trail development</i>		\$
	<input type="checkbox"/> Haney Horsemen Foundation		\$

Equine Companion A diary to record training progress, veterinary care and ride and drive hours for the Ride and Drive Program. This book is complementary with first time Ride and Drive Registrants.	\$8.90	x	\$
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Land Management Guide <i>Produced by LEPS. A guide to land management for the small farm.</i>	\$8.35	x	\$
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HCBC Road Safety Bib One size fits all. <i>Please specify colour:</i> <input type="checkbox"/> Lime Green <input type="checkbox"/> Pink <input type="checkbox"/> Yellow <i>*now with reflective stripe*</i>	\$27.95	x	\$
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**Total amount purchased from this page** \$

Please see last page for payment by Cheque ,Money Order,Bank Draft,Visa or MasterCard \*Please Do Not mail cash\*



## 2018 Optional Insurances

The Optional Insurance coverage is available to you for purchase as a current Horse Council BC member and is provided to you by CapriMCW Insurance Services Ltd. HCBC is not licensed to sell or provide counsel on the insurance coverage. Please contact CapriMCW Insurance directly for any questions regarding coverage, limitations or exclusions at 1-800-670-1877 ask for the Equine Department. By purchasing optional insurance you are providing consent for your information to be gathered and shared with CapriMCW Insurance to issue your policy.

<b>2018 Additional Accidental Death &amp; Dismemberment:</b>	\$30.00/member x	\$
	\$90.00/family x	\$

Additional Accidental Death & Dismemberment: Provides an additional \$50,000 Principal Sum AD&D that also included Fracture & Dental, which are not covered by the basic coverage. Fracture benefit of \$7,500/\$2,500 principal sum (helmet/no helmet) and Dental benefit of \$5,000 principal sum. Must be under the age of 75 years. **\*Family applies to a minimum 3 people defined as parent(s) or legal guardian(s) and their junior children residing at the same address. Maximum 2 seniors per family.**

Please provide first and last name of all members purchasing this insurance in the space below :

Name and Full Birthdate:

<b>2018 Members Named Perils:</b>	\$15.00/member x	\$
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Members Named Perils: Covers the death of an owned horse resulting from causes such as fire, lightning, collision/overtum of a conveyance in which a horse was being transported. It also extends to windstorm/hail, earthquake or flood, attack by a dog or wild animal, collapse of building and more. This insures up to a maximum of \$10,000 which can be applied regardless of the number of horses owned. Losses are restricted to one claim per year.

Please provide first and last name of all members purchasing this insurance in the space below :

Name:

<b>2018 Members Tack Insurance:</b>	\$35.00/member x	\$
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Members Tack Insurance: \$10,000.00 Insures tack and equipment from loss or damage anywhere in North America. Limit - **\$10,000.00 (\$500 deductible)**. Does not cover clothing or protective equipment worn by riders, wear & tear/abuse, mysterious disappearance or horse drawn vehicles.

Please provide first and last name of all members purchasing this insurance in the space below :

Name:

<b>2018 Weekly Accidental Indemnity Insurance:</b>	\$150.00/member x	\$
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Income Replacement in the event that you are unable to work due to an accident. Coverage is in force 24 hours a day/7 days a week and includes (but is not limited to) injuries arising from equine related incident. Will provide up to \$500/week in income replacement for up to 26 weeks (some restrictions apply). Please see attached Weekly Accident Indemnity Insurance form for more info and how to apply

Please provide first and last name of all members purchasing this insurance in the space below:

Name and Full Birthdate:

<b>2018 Out of Province Travel Insurance:</b>	\$115.00/member x	\$
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Travel: Provides \$2,000,000 world wide coverage for emergency medical/hospitalization. Trips up to 90 days in duration, any number of trips per year. Must be under the age of 75. DEPARTURE from Prov./Terr. of residence must be ON OR AFTER JAN 1, 2019.

**All applicants of travel insurance:**

**Please read the following declaration carefully and sign off by checking the box.**

**Failure to do so will result in inability to process your request for Travel Insurance**

**I am a member in good standing of Horse Council BC and declare:**

1. I understand that Travel coverage terminates at 12:01 am on the day of my 75th birthday.
2. I declare that I am a Canadian resident and I have valid health insurance in force as provided by my home provincial government health plan.
3. I understand that all pre-existing medical conditions may not be covered by this insurance.
4. I understand that coverage for each 90 day trip begins (only) on the date of departure from my home province and can not be initiated if I am outside of my home province.
5. I understand that this policy cannot be extended beyond 90 days for any single trip.
6. I understand that I am financially responsible for incidental / minor medical expenses at the time care is rendered

**by checking this box I understand/declare all items to be true**

Please provide first and last name of all members purchasing this insurance in the space below :

Name and Full Birthdate:

**Total Optional Insurance purchased \$**

**Please see last page for payment by Cheque, Money Order, Bank Draft, Visa or MasterCard \*Please Do Not mail cash\***



## Survey Questions

*(Required for each applying member) this information is collected as a requirement of funding received by the Province of British Columbia and is reported as cumulative and unidentifiable data.*

Please enter the member name below	What is your primary involvement in the equestrian industry?	What us your secondary involvement?	If you will compete this year, please indicate your highest level of competition:	Is the member an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit)?
Name:	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> No reply <input type="checkbox"/> I do not compete	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply
Name:	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> No reply <input type="checkbox"/> I do not compete	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply
Name:	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> No reply <input type="checkbox"/> I do not compete	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply
Name:	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> No reply <input type="checkbox"/> I do not compete	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply
Name:	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> No reply <input type="checkbox"/> I do not compete	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply

### Method of Payment

Please pay by Cheque. Money Order. Visa. MasterCard . Do not mail cash.

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Cheque Number # \_\_\_\_\_ Signature: \_\_\_\_\_