

2019 Membership Application

Name		HCBC #						
Birth Year	Gender	□F	□М					
Mailing Addres	ss							
City	Prov		Postal Code					
Phone	Email:							
	additional applicants residing at the above address or include	d in family me	mbership)				
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		М			
IMPORTANT PLEASE READ								
	Terms & Conditions							
No pro-rating or	BC membership is non-refundable. r top up of Individual Members to Family Rate nip expires December 31st each year							
to my members	BC may use the contact information collected for the purpose of this indicate the purpose of this indicate the consent is required to access your online account a motions can be opted out of at any time through the unsubscri	nd reset your	passwor	d. N	ewsletters			
MANDATO OF AGE	ORY: CONSENT BY PARENT OR GUARDIAN FOR AF	PPLICANTS	UNDER	19	YEARS			
	am the parent or guardian for the minor or minors (<i>persons under 19</i> for the named applicant to join Horse Council BC. I declare all inform			1 this	application. I			
Parent/Guardia (please print)	an Name:							
Signature :		Date:						
Dioces Ne	†OLUM OF STROME STATE OF STATE		1-1		1			
information pac	te: Horse Council BC is going green! You will be receiving an ackage to your email address. If you would like a membership caplease 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 exeed three(3) months.

2019 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 Equestrain Canada at www.equestrian.ca.

The Insurance coverage included with your Horse Council BC membership is provided to you by CapriCMW Insurance. 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	
2019 Adult Member			φ	
(19 or over as of January 1, 2019)	\$57.75 /person	Χ	\$	
2019 Youth Associate			\$	
(18 or under as of January 1, 2019)	\$45.43 /person	Χ		
2019 Family	\$1.40.45 /family	V	\$	
\$142.45 /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! Include By purchasing magazine subscriptions you are providing consent for issue your subscription. If you have any questions please contact me	your information to be gathered and share			
Canadian Horse Journal - 6 issues.	\$22.05/ Subscription	ı X	\$	
Includes free digital copies.				
Saddle Up Magazine - 12 issues	\$21.00/Subscription	n X	\$	
HCBC Products * for a full list of books and products avail	lable please visit www.hcbc.ca* Tax ind	luded in prid	ces*	
Ride and Drive Program *a program for BCs' recreational ri				
Ride and Drive Initial Enrollment :(includes Equine Compa	anion book \$31.50	X	\$	
Ride and Drive Renewal without Equine Companio		X	\$	
	\$15.75	X		
Ride and Drive Renewal with Equine Companion	Ψ13.73	^	\$	
Donation to: BC Equestrian Trails Fund	Thank you for supporting BCs' trail de	velopment	\$	
☐ Haney Horsemen Foundation	on		\$	
Equine Companion	\$8.90	Х	\$	
A diary to record training progress, veterinary care and ride and drive first time Ride a	ve hours for the Ride and Drive Program. and Drive Registration.	This book is o	complementary w	
Land Management Guide Produced by LEPS. A guide to land management for the small farm.	\$8.35	X	\$	
HCBC Road Safety Bib One size fits all.	\$27.95	Х	\$	
Please specify colour: Lime Green Pink Yelk	ow *now with reflective stripe*			
Tota	I amount purchased from th	is page	\$	
	· Draft,Visa or MasterCard *Please Do N			



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:	□ Participant □ Coach □ Official □ Volunteer □ Other □ No reply	□ Participant □ Coach □ Official □ Volunteer □ Other □ No reply	□ Local □ Regional □ Provincial □ National □ International □ No reply □ I do not compete	□ Yes □ No □ No reply
Name	- Participant - Coach	Darticipant - Coach	_ Local _ Pagional	□ Yes
Name:	□ Participant □ Coach □ Official □ Volunteer □ Other □ No reply	□ Participant □ Coach □ Official □ Volunteer □ Other □ No reply	□ Local □ Regional □ Provincial □ National □ International □ No reply □ I do not compete	□ Yes □ No □ No reply
Name:	□ Participant □ Coach □ Official □ Volunteer □ Other □ No reply	□ Participant □ Coach □ Official □ Volunteer □ Other □ No reply	□ Local □ Regional □ Provincial □ National □ International □ No reply □ I do not compete	□ Yes □ No □ No reply
Name:	□ Participant □ Coach □ Official □ Volunteer □ Other □ No reply	□ Participant □ Coach □ Official □ Volunteer □ Other □ No reply	□ Local □ Regional □ Provincial □ National □ International □ No reply □ I do not compete	□ Yes □ No □ No reply
Name:	□ Participant □ Coach □ Official □ Volunteer □ Other □ No reply	□ Participant □ Coach □ Official □ Volunteer □ Other □ No reply	□ Local □ Regional □ Provincial □ National □ International □ No reply □ I do not compete	□ Yes □ No □ No reply
Method of P	ayment			
Please pay by (Cheque. Money Order. Visa	. MasterCard . Do not mail	cash.	
Credit Card N			Expiry Date:	
Cheque Num		Signature:		