



# Horse Council BC

## 2020 Membership Application

Horse Council BC  
 27336 Fraser Highway  
 Aldergrove, BC V4W 3N5  
 Toll Free: 1-800-345-8055  
 Tel: 604-856-4304  
 Fax: 604-856-4302

### Member Information

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

Birth Date: \_\_\_\_\_ Gender:  F  M  Non-Binary  No Reply

Address: \_\_\_\_\_

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

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

Additional applicants must reside at the above address or be included in the family enrollment

### Additional Members

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  F  M  Non-Binary  No Reply

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  F  M  Non-Binary  No Reply

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  F  M  Non-Binary  No Reply

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  F  M  Non-Binary  No Reply

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  F  M  Non-Binary  No Reply

### IMPORTANT - PLEASE READ CAREFULLY

#### Terms and Conditions

Horse Council BC Membership is non-refundable.  
 No pro-rating or top up of individual members to Family Rate.  
 This membership expires December 31st of 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 by 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 the age of 19) named on this application. I give my consent for the named applicant to join Horse Council BC. I declare all information 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 to you instead, please check the box



## 2020 Membership Application

**Insurance Information**

Include with your membership: \$5,000,000 Excess personal liability, \$30,000 accidental death & dismemberment (AD&D) insurance (**excludes Fracture & dental**): Hauling of non-owned horses liability insurance up to \$10,000 per horse/\$50,000 per accident. Basic membership also include Enhanced Personal Liability insurance which provides for the NON-COMMERCIAL not-for-profit care, custody & control of up to a maximum of 3 non-owned horses in any environment, eg: emergency housing situation, neighbourly housing of horses for a period of time not to exceed (3) three months.

Horse Council BC membership may include registered participant status and associated privileges in Equestrian Canada. Please note this membership 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 and ask for the Equine Department.**

HCBC Membership : Prices include tax:				Price	Qty	Price
<b>Member Prices</b>	2020 Adult Membership (19 or Over as of January 1, 2020)	\$62.00/Member	x	\$	_____	_____
	2020 Youth Associate (18 or Under as of January 1, 2020)	\$47.00/Member	x	\$	_____	_____
	2020 Family Enrollment (Minimum of 3 people define 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.	\$150.00/Family	x	\$	_____	_____

**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.

<b>Magazines</b>	Canadian Horse Journal— 6 Bi-monthly issues <i>Includes free digital copies</i>	\$22.05/Subscription	x	\$	_____	_____
	Saddle Up Magazine— 12 Issues	\$22.05/Subscription	x	\$	_____	_____

<b>HCBC Products</b>	Ride and Drive Program: A rewards program for B.C.'s recreational riders						
	<b>Ride and Drive Program</b>	Ride and Drive Initial Enrollment: <i>Includes Equine Companion Book</i>	\$31.50	x	\$	_____	_____
		Ride and Drive Annual Renewal without Equine Companion	\$10.50	x	\$	_____	_____
		Ride and Drive Annual Renewal with Equine Companion	\$15.75	x	\$	_____	_____
	<b>Donations</b>	BC Equestrian Trails Fund - <i>Thank you for supporting BC's trail development</i>			\$	_____	_____
		Haney Horsemen Foundation			\$	_____	_____
	<b>Merchandise</b>	Equine Companion <small>A diary to record training progress, veterinary care and ride and drive hours for the Ride and Drive Program. This book is complimentary with first time Ride and Drive Registration</small>	\$9.00	x	\$	_____	_____
		Land Management Guide <small>Produced by LEPS. A guide to land management for the small farm</small>	\$8.50	x	\$	_____	_____
		HCBC Road Safety Bib with reflective tape - One size fits all. <small>Please specify colour:    <input type="checkbox"/> Lime Green    <input type="checkbox"/> Pink    <input type="checkbox"/> Yellow</small>	\$28.00	x	\$	_____	_____
						\$	_____

Total Amount purchased from this page: \$ \_\_\_\_\_



# Optional Insurance

The Optional Insurance coverage is available to you for purchase as a current Horse Council BC member and 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 and ask for the Equine Department. By purchasing optional insurance you are providing consent for your information to be gathered and shared with CapriCMW Insurance and the underwriter to issue your policy.

**Additional Accidental Death & Dismemberment** \$30.00/member x \$ \_\_\_\_\_

Additional Accidental Death & Dismemberment: Provides an **additional** \$50,000 Principal Sum AD&D and includes a fracture benefit of \$7,500/\$2,500 (helmet/no helmet) and dental benefit of \$5,000. This option excludes claims for Loss of Income. This policy will provide increased limits to the coverage provided automatically in your annual membership. This coverage is available only for members under the age of 75 years.

*Please provide first and last name for all members purchasing this insurance in the space.*

Name and Full Birthdate (yr-mm-day) \_\_\_\_\_

**Members Named Perils** \$15.00/member x \$ \_\_\_\_\_

Members Named Perils : Covers the death of an owned horse from fire, lightning, collision/overturn of the conveyance in which a horse was being transported. It also extends to windstorm/hail, earthquake or flood, attack by dog or wild animal, collapse of building and more. This insures up to a maximum of \$10,000 for any one horse, any one loss.

Name \_\_\_\_\_

**Members Tack Insurance:** \$40.00/member x \$ \_\_\_\_\_

Members Tack Insurance: 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.

Name \_\_\_\_\_

**Weekly Accident Indemnity** \$180.00/member x \$ \_\_\_\_\_

**Income Replacement:** In the event that you are unable to work due to an accident. Coverage is in force 12 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 NOTE:** Members who chose to purchase the Weekly Accident Indemnity option **will automatically be provided** with AD&D coverage - including \$50,000 principal sum for permanent and catastrophic injuries, a fracture benefit of \$7,500/\$2,500 (helmet/no helmet) and a dental benefit of \$5,000 principal sum.

Name and Full Birthdate (yr-mm-day) \_\_\_\_\_

## Out of Province Travel Insurance

**Available January 1, 2020:** - provides \$10,000,000 coverage for unexpected Medical expenses including Hospitalization. Several custom options available to suit the needs of every member. Visit TuGo at: <https://shop.tugo.com/store/INT001>

Total Amount purchased from this page: \$ \_\_\_\_\_

Optional Insurances



# Survey Questions

Horse Council BC  
 27336 Fraser Highway, Aldergrove, BC V4W 3N5  
 Toll Free: 1-800-345-8055  
 Tel: 604-856-4304

(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 Member Name Below	What is your primary Involvement in the equestrian industry?	What is your secondary involvement?	If you will compete this year, please indicate your highest level of competition:	Is the member an Indigenous person, that is, First Nations (North American Indian), Metis, or Inuk (Inuit)?	Are you an athlete with a disability?
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"/> I Don't Compete <input type="checkbox"/> No Reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Reply	<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"/> I Don't Compete <input type="checkbox"/> No Reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Reply	<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"/> I Don't Compete <input type="checkbox"/> No Reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Reply	<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"/> I Don't Compete <input type="checkbox"/> No Reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Reply	<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"/> I Don't Compete <input type="checkbox"/> No Reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Reply

Total HCBC Memberships Purchased \$ \_\_\_\_\_

Total HCBC Products & Magazines Purchased \$ \_\_\_\_\_

Total Optional CapriCMW Insurance Products Purchased \$ \_\_\_\_\_

Please pay by Cheque, Money Order or Bank Draft. \*\*Please DO NOT send Cash\*\*

**TOTAL PAYABLE** \$ \_\_\_\_\_