



Horse Council BC

2020/2021 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 # : _____

Birthdate _____ 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: _____ Birthdate: _____ Gender: F M Non-Binary No Reply

Name: _____ Birthdate: _____ Gender: F M Non-Binary No Reply

Name: _____ Birthdate: _____ Gender: F M Non-Binary No Reply

Name: _____ Birthdate: _____ Gender: F M Non-Binary No Reply

Name: _____ Birthdate: _____ 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 the 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: _____

Date: _____

Please Print _____

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.



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Insurance Information

Included 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 includes 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.

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
Member Prices	2020/2021 Adult Membership (19 or Over as of January 1, 2021)	\$77.75/Member	x	\$ _____
	2020/2021 Youth Associate (18 or Under as of January 1, 2020)	\$62.75/Member	x	\$ _____
	2020/2021 Family Enrollment <small>(Minimum of 3 people defines 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.</small>	\$197.25/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.

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

HCBC Products	Ride and Drive Program: A Rewards program for B.C.'s recreational riders				
	Ride and Drive Program	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	\$ _____
	Donations	BC Equestrian Trails Fund - <i>Thank you for supporting BC's trail development</i>			\$ _____
		Haney Horsemen Foundation			\$ _____
	Merchandise	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>	\$12.00	x	\$ _____
		Land Management Guide <small>Produced by LEPS. A guide to land management for the small farm</small>	\$10.00	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: \$ _____

Please see last page for payment by Cheque, Money Order or Bank Draft. ****Please DO NOT send Cash****



Optional Insurance 2021

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

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: \$45.00/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) _____

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Optional Insurances



Survey Questions

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(Required for each applying member).

This information is collected as a requirement of funding received from 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?	How would you like HCBC to communicate with you?
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	<input type="checkbox"/> Email Only <input type="checkbox"/> Email & Mail
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	<input type="checkbox"/> Email Only <input type="checkbox"/> Email & Mail
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	<input type="checkbox"/> Email Only <input type="checkbox"/> Email & Mail
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	<input type="checkbox"/> Email Only <input type="checkbox"/> Email & Mail
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	<input type="checkbox"/> Email Only <input type="checkbox"/> Email & Mail

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 \$ _____