



Horse Council BC

2023/2024 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

Mailing 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 Other No Reply

Name: _____ Birthdate: _____ Gender: F M Other No Reply

Name: _____ Birthdate: _____ Gender: F M Other No Reply

MANDATORY AND IMPORTANT—PLEASE READ CAREFULLY

Terms and Conditions

Horse Council BC Membership is non-refundable.
There is 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.

Name: _____ Date: _____ Signature: _____

Name: _____ Date: _____ Signature: _____

Name: _____ Date: _____ Signature: _____

HCBC MEMBERS CODE OF CONDUCT

By joining Horse Council BC I agree to be bound by the HCBC Members Code of Conduct. Full code of conduct on hcbc.ca

Name _____ Date _____ Signature: _____

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

Name: _____ Date _____ Signature: _____



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Insurance Information	<p>Included with your membership: \$5,000,000 Excess personal liability, \$40,000 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.</p> <p>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.</p> <p>The insurance coverage included with your Horse Council BC membership is provided to you by Acera Insurance Services Ltd. HCBC is not licensed to sell or provide counsel on the insurance coverage. Please contact Acera Insurance directly for any questions regarding coverage, limitations or exclusions at 1-800-670-1877 and ask for the Equine Department.</p>
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	HCBC Membership - Prices include tax:	Price	Qty	Price
Member Prices	2023/2024 Adult Membership (98.78 + GST) (19 or Over as of January 1, 2023)	\$103.72/Member	x	\$
	2023/2024 Youth Associate (75.06 + GST) (18 or Under as of January 1, 2023)	\$78.81/Member	x	\$
	2023/2024 Family Enrollment (218.66 + GST) Minimum of 3 people defines as parent(s) or legal guardian(s) and their minor children residing at the same	\$229.59/Family	x	\$
	* NEW * HCBC Membership Card(s) (5.00 + . GST / PST) one fee regardless of membership type purchased	\$5.60	x	\$

Magazine *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— 4 Quarterly issues <i>Includes free digital copies</i>	\$24.15/subscription	x	\$
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HCBC Products	Donations	Animal Disaster Fund		\$	
		BC Equestrian Trails Fund— <i>Thank you for supporting BC's trail development</i>		\$	
	Merchandise	Equine Companion <small>A diary to record training progress, veterinary care and ride and drive hours for the Ride and Drive Program.</small>	\$12.00	x	\$
		HCBC Pony Tails Colouring Book <small>Horse Crazy Kids of all ages can learn fall about horses and ponies wit this fun filled coloring and activity book written by Alice the Pony.</small>	\$17.80	x	\$
	Clothing	Navy Toque <small>Thick 3" cuff offers snug protection and comfort around the ears and noggin. 100% acrylic knit material provides durable construction and a stretchy fit. One size fits most.</small>	\$25.00	x	\$
		Grey Beanie <small>Made for 100% acrylic with a large rib-knit cuff and double-layer knit fabric to keep your head warm. One size fits most.</small>	\$18.00	x	\$
		Grey Buff <small>Stay safe, warm and stylish a HCBC Buff! Buffs are made from a 95/5 polyester/spandex blend which can e used as a bandana, wristband, scarf, face mask, neck gaiter and more! Please Note: Buffs are not N95 compliant and do not ensure disease/illness protection.</small>	\$13.00	x	\$

Total Amount purchased from this page: \$ _____



Optional Insurance 2024

Horse Council BC
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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 Acera Insurance Services Ltd. HCBC is NOT licensed to sell or provide counsel on the insurance coverage. Please contact Acera 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 Acera Insurance and the underwriter to issue your policy.

Additional Accidental Death & Dismemberment (ADD) 45.00/Member x \$

Additional Accidental Death & Dismemberment: Provides an **additional** \$75,000 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.

Name(s): _____

Members Named Perils (MNP) \$25.00/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.

Please provide first and last name for all members purchasing this insurance.

Name(s): _____

Emergency Life Saving Surgery (ELSS) - Must be purchased with MNP \$50.00/Member x \$

Provides coverage for your own horse(s) in the event that your horse requires Emergency Life Saving Surgery which is necessitated by accident or sickness, including colic surgery and fracture surgery. \$2,500 maximum any one horse; any one loss; any one term. \$250 deductible.

Please provide first and last name for all members purchasing this insurance.

Name(s): _____

Emergency Stabling Expense (ESE) - Must be purchased with MNP \$25.00/Member x \$

Provides coverage for increased expense incurred to stable the insured horse(s) at other premises due to the perils of fire, windstorm, collapse or disease which makes the usable stabling temporarily unsafe or unusable. \$500 per month Extra Expense for any one insured horse for maximum of four months. \$5,000 any one membership per calendar year irrespective of number of horses. \$500 Deductible.

Please provide first and last name for all members purchasing this insurance.

Name(s): _____

Members Tack Insurance (TAK): \$50.00/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.

Please provide first and last name for all members purchasing this insurance.

Name(s): _____

Weekly Accident Indemnity (WAI) \$195.00/Member x \$

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 NOTE: Members who chose to purchase the Weekly Accident Indemnity option **will automatically be provided** with AD&D coverage - including \$75,000 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.

Please provide first and last name for all members purchasing this insurance.

Name(s): _____

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 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?	How many horses does each member own?
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	

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 This portion of the application will be shredded when processed.

 Credit Card Information
 Name on Credit card: _____
 Credit Card : _____
 Expiry Date: _____ CVV: _____

Total HCBC Memberships Purchased \$ _____
 Total HCBC Products & Magazines Purchased \$ _____
 Total Optional Acera Insurance Products Purchased \$ _____

TOTAL PAYABLE \$ _____

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