



Horse Council BC

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

2025 Membership Application

Member Information

Legal Name:	Birthdate: YYYY-MM-DD	Gender: F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/>
HCBC Number:	Mailing Address:	
City:	Postal Code	Phone:
Email:		

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

Additional Members

Legal Name:	Birthdate: YYYY-MM-DD	Gender: F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/>
Legal Name:	Birthdate: YYYY-MM-DD	Gender: F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/>
Legal Name:	Birthdate: YYYY-MM-DD	Gender: F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/>

MANDATORY - SIGNATURE IS REQUIRED

TERMS AND CONDITIONS

Horse Council BC membership is **non-refundable**. There is **no pro-rating** or **top-up to the Family rate**. Memberships expires December 31 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. I understand the privacy policy can be found at the HCBC website for members to review and access

AUTO RENEWAL

- Yes, I would like to enroll in the auto-renewal program for the 2026 membership and onward for the basic membership along with any optional insurance added to my/our memberships. *(Payment must be made by credit card & email must be provided)*

On behalf of the Applicant(s) listed above, I, the undersigned declare the information provided on this application to be true and accurate. Falsifying information could possibly result in insurance coverage being declared null and void. I acknowledge that Acera Insurance is the licensed broker and all questions regarding insurance must be directed to the Equine Department at Acera Insurance, (1-800-670-1877). By joining Horse Council BC I agree to be bound by the HCBC members Code of Conduct. Find the full Code of Conduct on www.hcbc.ca. By virtue of purchasing an HCBC membership, you verify that all information on the form is true.

		YYYY-MM-DD
Name of Applicant	Signature—Required	Date

Parental Consent—Required for applicants under the age of 19

I declare that I am the parent or legal guardian for the minor or minors (under the age of 19) named on this application. I give my consent for the named applicant(s) to join Horse Council BC. I also give my consent for the above-named minor(s) to use the Horseplay app and acknowledge and accept the Horseplay Terms of Service and Privacy Policy on behalf of listed minor(s). I declare all information to be true.

Name (please print): _____ Relationship: _____

Signature: _____ Date: _____



Horse Council BC

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

2025 Membership Application

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 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.

HCBC Membership - Prices include tax:

Price

Qty

Total

Member Prices

2025 Adult Membership (69.00 + GST) (19 or Over as of January 1, 2025)	\$72.45/Member	x	\$
2025 Youth Associate (49.00 + GST) (18 or Under as of January 1, 2025)	\$51.45/Member	x	\$
2025 Family Enrollment (159.00 + GST)	\$166.95/Family	x	\$
Maximum/maximum 3 people defines as parent(s) or legal guardian(s) and their minor children residing at the same address. Maximum 2 Adults per family. Each member will receive their own number.			
2025 Additional Youth Family Membership	19.00/Youth	x	
Member(s) will be added to the family membership.			
* NEW * HCBC Membership Card(s) (5.00 + . GST / PST) <i>1 fee per household – everyone in the household will receive a card</i>	\$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— 6 Bi-monthly issues <i>Includes free digital copies</i>	\$24.15/subscription	x	\$
--	----------------------	---	----

HCBC Products	Donations	Animal Disaster Fund			\$	
		BC Equestrian Trails Fund— <i>Thank you for supporting BC's trail development</i>			\$	
	Merchandise	Equine Companion	\$12.00	x	\$	
		A diary to record training progress, veterinary care and ride and drive hours for the Ride and Drive Program.				
		HCBC Pony Tails Colouring Book	\$17.80	x	\$	
		Horse Crazy Kids of all ages can learn all about horses and ponies with this fun filled coloring and activity book written by Alice the Pony.				
		HCBC Christmas Cards (10 Cards/Box) All proceeds go to Animal Disaster Fund	\$18.00	x	\$	
	Land Management Guide	\$10.00	x	\$		
	Clothing	HCBC Safety Vest with Reflective Strips	\$36.00	x	\$	
		<input type="checkbox"/> Lime Green <input type="checkbox"/> Pink <input type="checkbox"/> Yellow				
		HCBC Beanie	\$36.00	x	\$	
		Made for 100% acrylic with a large rib-knit cuff and double-layer knit fabric to keep your head warm. One size fits most. <input type="checkbox"/> Grey <input type="checkbox"/> Blue				
	Silver Buff	\$13.00	x	\$		
Stay safe, warm and stylish with a HCBC Buff! Buffs are made from a 95/5 polyester/spandex blend which can be 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.						

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 2025

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 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.

Optional Insurances

Additional Accidental Death & Dismemberment (ADD)	45.00/Member	<input checked="" type="checkbox"/>		\$
---	--------------	-------------------------------------	--	----

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.

Name(s): _____

Members Named Perils (MNP)	\$35.00/Member	<input checked="" type="checkbox"/>		\$
----------------------------	----------------	-------------------------------------	--	----

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. Maximum # of horse owned is 4.

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

Name(s): _____

How many horses are owned by the applicant: _____

Emergency Life Saving Surgery (ELSS) - Must be purchased with MNP	\$55.00/Member	<input checked="" type="checkbox"/>		\$
--	----------------	-------------------------------------	--	----

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	<input checked="" type="checkbox"/>		\$
--	----------------	-------------------------------------	--	----

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):	\$75.00/Member	<input checked="" type="checkbox"/>		\$
-------------------------------	----------------	-------------------------------------	--	----

Members Tack Insurance: Insures tack and equipment from loss or damage anywhere in North America. Limit - **\$15,000.00 (\$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	<input checked="" type="checkbox"/>		\$
---------------------------------	-----------------	-------------------------------------	--	----

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 \$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.

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

Name(s): _____

Total Amount purchased from this page: \$ _____



Survey Questions

(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	

.....
 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 \$ _____

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