HORSE COUNCIL
BRITISH COLUMBIA

2026 Membership Application

Legal Name:			Birthdate:		HCBC#
Address:		City:			Prov:
Postal:	Phone:		Email:		
Gender: ☐ F ☐ M ☐ Non Binary			Is member Indigenous? ☐ Yes ☐ No		Athlete with a disability? ☐ Yes ☐ No
Legal Name:			Birthdate:		HCBC#
Gender: ☐ F ☐ M ☐ Non Binary			Is member Indigenous? ☐ Yes ☐ No		Athlete with a disability? ☐ Yes ☐ No
Legal Name:			Birthdate:		HCBC#
Gender: ☐ F ☐ M ☐ Non Binary			Is member Indigenous? ☐ Yes ☐ No		Athlete with a disability? ☐ Yes ☐ No
Legal Name:			Birthdate:		HCBC#
Gender: ☐ F ☐ M ☐ Non Binary			Is member Indigenou?s ☐ Yes ☐ No		Athlete with a disability? ☐ Yes ☐ No
Legal Name:			Birthdate:		HCBC#
Gender: ☐ F ☐ M ☐ Non Binary			Is member Indigenous? ☐ Yes ☐ No		Athlete with a disability? ☐ Yes ☐ No

** **NEW** ** Would you prefer to receive a paper copy of the membership form by mail? ☐ Yes ☐ No

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

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.

Name of Applicant	Signature of Applicant	Date

PARENTAL CONSENT - REQUIRED FOR APPLICANTS UNDER THE AGE OF 19

I declare 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: _____ Relation: _____

Signature: _____ Date: _____

Unit 102 - 8047 199 Street, Langley, BC V2Y 0E2 Phone: 604-856-4304 Toll Free: 1-800-345-8055 Email: membership@hcbc.ca

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STATISTICAL SURVEY - MANDATORY Please Complete

The information below is collected to assist in program and service development, grant applications and is reporting that is required by the Province of British Columbia. Please fill in responses for all individuals on this application.

Member Name	What is your primary involvement in the Equestrian Industry?	What is your secondary involvement i?	How many horses does each member own?	What is your pirmary interest in HCBC? *Select all that applies.*
	☐ Partiicipant ☐ Volunteer ☐ Coach ☐ Other ☐ Official	☐ Partiicipant ☐ Volunteer ☐ Coach ☐ Other ☐ Official		☐ Sport ☐ Recreation ☐ Industry
	☐ Partiicipant ☐ Volunteer ☐ Coach ☐ Other ☐ Official	☐ Partiicipant ☐ Volunteer ☐ Coach ☐ Other ☐ Official		☐ Sport ☐ Recreation ☐ Industry
	☐ Partiicipant ☐ Volunteer ☐ Coach ☐ Other ☐ Official	☐ Partiicipant ☐ Volunteer ☐ Coach ☐ Other ☐ Official		☐ Sport ☐ Recreation ☐ Industry
	☐ Partiicipant ☐ Volunteer ☐ Coach ☐ Other ☐ Official	☐ Partiicipant ☐ Volunteer ☐ Coach ☐ Other ☐ Official		☐ Sport ☐ Recreation ☐ Industry
	☐ Partiicipant ☐ Volunteer ☐ Coach ☐ Other ☐ Official	☐ Partiicipant ☐ Volunteer ☐ Coach ☐ Other ☐ Official		☐ Sport ☐ Recreation ☐ Industry

Please choose HCBC membership type		Price incl. GST	QTY	Total
2026 Adult membership *19 yrs and over as of January 1, 2026.*	*(69.00 + GST)*	$72.45		
2026 Junior membership *18 years and under as of January 1, 2026*	*(49.00 + GST)*	$51.45		
2026 Family membership *Max. 3 members (1 Adult required)*	*(159.00 + GST)*	$166.95		
Additional youth after first 3 family members	*(19.00 + GST)*	$19.95		
2026 Membership Card *1 fee per household - everyone in the household receives a card*	*(5.00 + GST/PST)*	$5.60		

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INSURANCE INFORMATION

Included with your membership: $5,000,000 Excess personal liability, $40,000 accidental death & dismemberment (AD&D) insurance (**excludes fracture and 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 3 non-owned horses in any environment, eg: emergency housing situation, neighbourly housing of horses for a period of time not to exceed 3 months.

Please Choose Optional Insurance	Price	QTY	Total
ADDITIONAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) 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 75 years. Members purchasing:	$45.00/ Member		
MEMBERS NAMED PERILS (MNP) 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. Members purchasing:	$35.00/ Member		
EMERGENCY STABLING COVERAGE (ESE) **MUST BE PURCHASED WITH MNP** 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 Members purchasing:	$25.00/ Member		
EMERGENCY LIFE SAVING SURGERY (ELSS) **MUST BE PURCHASED WITH MNP** Provides coverage for your own horse(s) in the event that your horse requires Emergency Life Saving Surgery which in necessitated by accident or sickness, including colic surgery and fracture surgery Members purchasing:	$55/ Member		
TACK INSURANCE (TAK) 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. Members purchasing:	$75.00/ Member		
WEEKLY ACCIDENT INDEMNITY (WAI) 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 contact the office for a **WAI form** to be **sent** to you. **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. Members purchasing:	$195/ Member		

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MAGAZINE SUBSCRIPTIONS	Price Incl. GST	QTY	TOTAL
Canadian Horse Journal Sub Canada's National Horse Community Magazine. 1-Year Subscription Includes 4 BIG Double Issues each year - Print and Digital. Canadian residents only.	$24.15		
Saddle Up Magazine 11 monthly issues	$27.24		
HCBC Equine Lifestyles Quarterly issues	$8.96		

DONATIONS	Total
Animal Disaster Fund	

AUTO RENEWAL

☐ Yes, I would like to enroll in the auto-renewal program for the 2027 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)***

Payment Details

Credit Card Payment

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 Optional Insurance Purchased: _____

Total Magazines Purchased: _____

Total Payable: _____

Cheque Payment

Chq # : _____ Total: _____

Please pay by Cheque, Money Order or Bank Draft. ** Please **Do NOT** send cash**

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