



Name _____ HCBC # _____
 Birth Year _____ Gender ☐ F ☐ M
 Mailing Address _____
 City _____ Prov _____ Postal Code _____
 Phone _____ Email: _____

additional applicants residing at the above address or included in family membership

Name _____	Birth Year _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Name _____	Birth Year _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Name _____	Birth Year _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Name _____	Birth Year _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Name _____	Birth Year _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M

IMPORTANT PLEASE READ

Membership Conditions

Horse Council BC membership is non-refundable.

No pro-rating or top up of Individual Membership to Family Membership

This Membership expires December 31st 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 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 19 years of age*) named on this application. I give my consent for the named applicant to join Horse Council BC. I declare all information given to be true.

Parent/Guardian Name:

(*please print*)

Date:

Signature :

Included with your membership: \$5,000,000 excess personal liability insurance; \$30,000 (principal sum) Accidental Death & Dismemberment (AD&D) insurance(excludes fracture & dental); Hauling of non-owned horse 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 and control of up to a maximum of 3 non-owned horses in any environment, e.g. emergency housing situation, neighbourly housing of horses for a period of time not to exceed three(3) months.

2017 Horse Council BC membership may include registered participant status and associated privileges in Equestrian Canada. Please note this 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 Capri Insurance Services Ltd. HCBC is not licensed to sell or provide counsel on the insurance coverage. Please contact Capri Insurance directly for any questions regarding coverage, limitations or exclusions at 1-800-670-1877 ask for the Equine Department.

HCBC Membership: prices include tax	Price	Qty	Price
2017 Senior Membership (18 or over as of January 1, 2017)	\$57.75 /member	x	\$
2017 Junior Membership (17 or under as of January 1, 2017)	\$45.44 /member	x	\$
2017 Family Membership	\$142.46 /family	x	\$
<i>(Minimum 3 people defined as parent(s) or legal guardian(s) and their junior children residing at the same address. Maximum 2 seniors per family. Each member will receive their own number and card.)</i>			

HCBC Products * for a full list of books and products available please visit www.hcbc.ca * Tax included in prices*

Ride and Drive Program *a program for BCs' recreational riders*			
Initial enrollment : (includes Equine Companion booklet)	\$31.50	x	\$
Renewal without Equine Companion	\$10.50	x	\$
Renewal with Equine Companion	\$15.75	x	\$
Donation to:			\$
<input type="checkbox"/> BC Equestrian Trails Fund	Thank you for supporting BCs' trail development		\$
<input type="checkbox"/> Haney Horsemen Foundation			\$
Land Management Guide	\$6.95	x	\$
<i>Produced by LEPS. A guide to land management for the small farm.</i>			
HCBC Road Safety Bib One size fits all.	\$27.95	x	\$
Please specify colour: <input type="checkbox"/> Lime Green <input type="checkbox"/> Pink <input type="checkbox"/> Yellow *now with reflective stripe*			

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. If you have any questions please contact membership@hcbc.ca

Horse Canada Magazine - 6 issues	\$21.00/ Subscription	x	\$
Horse Sport Magazine - 12 issues	\$26.25/ Subscription	x	\$
Canadian Horse Journal - 6 issues.	\$22.05/ Subscription	x	\$
<i>Includes free digital copies.</i>			
Saddle Up Magazine - 12 issues	\$21.00/Subscription	x	\$

Total amount purchased from this page \$

Please see last page for payment by Cheque ,Money Order,Bank Draft,Visa or MasterCard *Please Do Not mail cash*



2017 Optional Insurances

The Optional Insurance coverage is available to you for purchase as a current Horse Council BC member and is provided to you by Capri Insurance Services Ltd. HCBC is not licensed to sell or provide counsel on the insurance coverage. Please contact Capri Insurance directly for any questions regarding coverage, limitations or exclusions at 1-800-670-1877 ask for the Equine Department. By purchasing optional insurance you are providing consent for your information to be gathered and shared with Capri Insurance to issue your policy.

Additional Accidental Death & Dismemberment:	\$30.00/member x	\$
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New fracture benefit limit and lower price

Additional Accidental Death & Dismemberment: Provides an **additional** \$50,000 Principal Sum AD&D that also included Fracture & Dental, which are not covered by the basic coverage. Fracture benefit of \$7,500/\$2,500 principal sum (helmet/no helmet) and Dental benefit of \$5,000 principal sum. **Must be under the age of 75 years.**

Please provide first and last name of all members purchasing this insurance in the space below :

Name:

Members Named Perils:	\$15.00/member x	\$
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New lower price for 2017

Members Named Perils: Covers the death of an owned horse resulting from causes such as fire, lightning, collision/overturn of a conveyance in which a horse was being transported. It also extends to windstorm/hail, earthquake or flood, attack by a dog or wild animal, collapse of building and more. This insures up to a maximum of \$10,000 which can be applied regardless of the number of horses owned. Losses are restricted to one claim per year.

Please provide first and last name of all members purchasing this insurance in the space below :

Name:

Members Tack Insurance:	\$35.00/member x	\$
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New lower price for 2017

Members Tack Insurance: \$10,000.00 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 of all members purchasing this insurance in the space below :

Name:

2017 Weekly Accidental Indemnity Insurance:	\$150.00/member x	\$
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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 provide first and last name of all members purchasing this insurance in the space below:

Name:

Members Travel Insurance:

To receive assistance in acquiring travel insurance that matches your individual needs please contact a Capri Insurance Individualized Specialist at HCBCtravel@capri.ca or 1-800-670-1877

Total Optional Insurance purchased \$

*Please see last page for payment by Cheque, Money Order, Bank Draft, Visa or MasterCard *Please Do Not mail cash**



Survey Questions

(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 the member name below	What is your primary involvement in the equestrian industry?	What us your secondary involvement?	If you will compete this year, please indicate your highest level of competition:	Is the member an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit)?
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"/> No reply <input type="checkbox"/> I do not compete	<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"/> No reply <input type="checkbox"/> I do not compete	<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"/> No reply <input type="checkbox"/> I do not compete	<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"/> No reply <input type="checkbox"/> I do not compete	<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"/> No reply <input type="checkbox"/> I do not compete	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply

Method of Payment

Please pay by Cheque. Money Order. Visa. MasterCard . Do not mail cash.

Credit Card Number: _____

Expiry Date: _____

Cheque Number # _____

Signature: _____