



**HORSE COUNCIL**  
BRITISH COLUMBIA

# 2025-2026 Membership Application

|                                                                                                   |  |                                                                                |       |                                                                                     |       |
|---------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------|-------|
| Legal Name:                                                                                       |  | Birthdate:                                                                     |       | HCBC#                                                                               |       |
| Address:                                                                                          |  |                                                                                | City: |                                                                                     | Prov: |
| Postal:                                                                                           |  | Phone:                                                                         |       | Email:                                                                              |       |
| Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non Binary |  | Is member Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No |       | Athlete with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| Legal Name:                                                                                       |  | Birthdate:                                                                     |       | HCBC#                                                                               |       |
| Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non Binary |  | Is member Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No |       | Athlete with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| Legal Name:                                                                                       |  | Birthdate:                                                                     |       | HCBC#                                                                               |       |
| Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non Binary |  | Is member Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No |       | Athlete with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| Legal Name:                                                                                       |  | Birthdate:                                                                     |       | HCBC#                                                                               |       |
| Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non Binary |  | Is member Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No |       | Athlete with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| Legal Name:                                                                                       |  | Birthdate:                                                                     |       | HCBC#                                                                               |       |
| Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non Binary |  | Is member Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No |       | Athlete with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> 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](http://www.hcbc.ca). By virtue of purchasing an HCBC membership, you verify that all information on the form is true.

|                            |                                 |               |
|----------------------------|---------------------------------|---------------|
| _____<br>Name of Applicant | _____<br>Signature of Applicant | _____<br>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: \_\_\_\_\_



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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 primary interest in HCBC? <i>Select all that applies.</i>                                     |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------|
|             | <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer<br><input type="checkbox"/> Coach <input type="checkbox"/> Other<br><input type="checkbox"/> Official | <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer<br><input type="checkbox"/> Coach <input type="checkbox"/> Other<br><input type="checkbox"/> Official |                                       | <input type="checkbox"/> Sport<br><input type="checkbox"/> Recreation<br><input type="checkbox"/> Industry |
|             | <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer<br><input type="checkbox"/> Coach <input type="checkbox"/> Other<br><input type="checkbox"/> Official | <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer<br><input type="checkbox"/> Coach <input type="checkbox"/> Other<br><input type="checkbox"/> Official |                                       | <input type="checkbox"/> Sport<br><input type="checkbox"/> Recreation<br><input type="checkbox"/> Industry |
|             | <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer<br><input type="checkbox"/> Coach <input type="checkbox"/> Other<br><input type="checkbox"/> Official | <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer<br><input type="checkbox"/> Coach <input type="checkbox"/> Other<br><input type="checkbox"/> Official |                                       | <input type="checkbox"/> Sport<br><input type="checkbox"/> Recreation<br><input type="checkbox"/> Industry |
|             | <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer<br><input type="checkbox"/> Coach <input type="checkbox"/> Other<br><input type="checkbox"/> Official | <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer<br><input type="checkbox"/> Coach <input type="checkbox"/> Other<br><input type="checkbox"/> Official |                                       | <input type="checkbox"/> Sport<br><input type="checkbox"/> Recreation<br><input type="checkbox"/> Industry |
|             | <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer<br><input type="checkbox"/> Coach <input type="checkbox"/> Other<br><input type="checkbox"/> Official | <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer<br><input type="checkbox"/> Coach <input type="checkbox"/> Other<br><input type="checkbox"/> Official |                                       | <input type="checkbox"/> Sport<br><input type="checkbox"/> Recreation<br><input type="checkbox"/> Industry |

### Please choose HCBC membership type

|                                                                                                | Price incl. GST            | QTY | Total |
|------------------------------------------------------------------------------------------------|----------------------------|-----|-------|
| 2026 Adult membership<br><i>19 yrs and over as of January 1, 2026.</i>                         | 102.50 + GST)<br>\$107.63  |     |       |
| 2026 Junior membership<br><i>18 years and under as of January 1, 2026</i>                      | (75.84 + GST)<br>\$79.63   |     |       |
| 2026 Family membership<br><i>Max. 3 members (1 Adult required)</i>                             | (222.50 + GST)<br>\$233.63 |     |       |
| Additional youth after first 3 family members                                                  | (27.62 + GST)<br>\$29.00   |     |       |
| 2026 Membership Card<br><i>1 fee per household - everyone in the household receives a card</i> | (5.00 + GST/PST)<br>\$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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|-----|-------|
| <b>ADDITIONAL ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D)</b>                                                                                                                                                                                                                                                                                                                          |  |                 |     |       |
| Provides an <b>additional</b> \$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 |     |       |
| <b>MEMBERS NAMED PERILS (MNP)</b>                                                                                                                                                                                                                                                                                                                                                          |  |                 |     |       |
| Covers the death of an owned horse from fire, lightning, collision/overtake 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 |     |       |
| <b>EMERGENCY STABLING COVERAGE (ESE) <u>MUST BE PURCHASED WITH MNP</u></b>                                                                                                                                                                                                                                                                                                                 |  |                 |     |       |
| 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 |     |       |
| <b>EMERGENCY LIFE SAVING SURGERY (ELSS) <u>MUST BE PURCHASED WITH MNP</u></b>                                                                                                                                                                                                                                                                                                              |  |                 |     |       |
| 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                                                                                                                                                                                    |  |                 |     |       |
| Members purchasing:                                                                                                                                                                                                                                                                                                                                                                        |  | \$55/ Member    |     |       |
| <b>TACK INSURANCE (TAK)</b>                                                                                                                                                                                                                                                                                                                                                                |  |                 |     |       |
| Insures tack and equipment from loss or damage anywhere in North America. Limit - <b>\$15,000.00 (\$500 Deductible)</b> Does not cover clothing or protective equipment worn by riders, wear & tear/abuse, mysterious disappearance or horse drawn vehicles.                                                                                                                               |  |                 |     |       |
| Members purchasing:                                                                                                                                                                                                                                                                                                                                                                        |  | \$75.00/ Member |     |       |
| <b>WEEKLY ACCIDENT INDEMNITY (WAI)</b>                                                                                                                                                                                                                                                                                                                                                     |  |                 |     |       |
| 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 <b>WAI form</b> to be <b>sent</b> to you.           |  |                 |     |       |
| <b>PLEASE NOTE:</b> Members who chose to purchase the Weekly Accident Indemnity option <b>will automatically be provided with AD&amp;D coverage.</b> - 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   |     |       |



# 2025-2026 Membership Application

## MAGAZINE SUBSCRIPTIONS

|                                                                         | Price Incl. GST | QTY | TOTAL |
|-------------------------------------------------------------------------|-----------------|-----|-------|
| <b>Canadian Horse Journal</b><br>4 issues, Includes free digital copies | \$24.15         |     |       |
| <b>Saddle Up Magazine</b><br>11 monthly issues                          | \$27.24         |     |       |
| <b>HCBC Equine Lifestyles</b><br>Quarterly issues                       | \$5.60          |     |       |

## DONATIONS

Animal Disaster Fund

Total

## 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\*\*