



HCBC Affiliate Membership Application

Please read carefully and complete all required information

New Affiliate Membership

Renewing Affiliate Membership

Affiliate Name: _____

Email: _____ Phone: _____

Web Site: _____ Fax: _____

President Name: _____ Phone: _____

Mailing Address _____ Postal Code _____

Email : _____

Board Designate: _____ Phone : _____
First and Last name

Occupation: _____ **HCBC #** _____

Board Designate must hold current HCBC individual membership

Physical Address: _____ Postal Code _____

Mailing Address: _____ Postal Code _____

Email: _____

Affiliate Primary Contact/Office: _____ Phone: _____
Primary Contact Name and address will be listed on website as contact for all general enquiries

Mailing Address: _____ Postal Code _____

Email: _____

*Cost of Affiliate Membership is \$201.60 and **does not include insurance.** Affiliate membership entitles you to participate in the HCBC Insurance Program through CapriCMW Insurance. For details on the program contact CapriCMW Insurance at 1-800-670-1877. Membership is dependent on approval by HCBC Executive. Upon approval membership is non refundable and will expire Dec 31.*

NOTE: As of October 2018, due to new credit card regulations, if you would like to pay by credit card, please call the office.

Cheque Number

Amount: \$

Date:

I / We, the undersigned, confirm that we have read the information and meet the criteria for Affiliate Membership as outlined by Horse Council BC. The named Board Designate will be the representative authorized to sit on Horse Council BC Board of Directors.

Affiliate Name: _____
(Please Print Name)

Authorized Signature _____ (Please Print Name)



HCBC Affiliate Membership Application 2019

Organizations applying for Affiliate Membership with Horse Council BC will meet all of the following criteria:

1 To apply for Affiliate status, an organization must be a British Columbia equestrian or equine association or a provincial branch of a national equestrian or equine association, be a non-profit or charity and hold legal constitution filed with BC Registry of Companies or Corporations Canada.

2 A minimum 75 individual members who are HCBC Members, whom reside in 50% of the Regions

NOTE: 50% of Regions-with 12 Regions means a minimum 3 individuals residing in a minimum of 6 regions.

3 All Affiliate membership applications will be reviewed on an annual basis by the HCBC Executive Committee prior to their acceptance. Each affiliate application will be reviewed on a case by case basis with consideration for:

a.) If the organization meets the criteria set out; and

b.) two similar entities making application

c.) an exception may be made to allow an organization to be accepted as an Affiliate if they fail to meet the requirement of having 75 individual members who are HCBC Members in 50% of the regions if they meet all other criteria and they represent a substantial sector of the BC equine activity that is not otherwise represented at the HCBC Board of Directors

4 In order to have a designate on the Horse Council BC Board of Directors, the deadline is January 31 of each year. The application will include:

a) an Affiliate Directors Form; and

b) A completed Affiliate application membership form; and

c) A verified count ** of Affiliate/HCBC members per region for the current or prior year; and

d) minutes recording the election of the designate; and

e) payment of the Affiliate Membership fee as set by the Board of Directors from time to time

** This information will be used to verify eligibility criteria

For complete Affiliate Policy and further information, please refer to the Affiliate page on the HCBC website.



HCBC Affiliate Membership Application

Chapters and Branches

Chapters and/or branches which are legally a part of the Affiliate organization (operating under the Affiliates Board of Directors and Bylaws and Constitution) will receive branch status as part of the Affiliates membership fee.

HCBC can generate a report with the number of individual members per region on request.

The link to the regions is <https://www.hcbc.ca/index.php/about/regions/>

Please indicate the number of individual members in each region

EK	WK	OS	TS	PGC	PR	NW	VIN	VIS	VSC	FVW	FVE	Total Individual Members

If your organization is applying for an exception to the individual membership criteria, please attach a letter requesting the exception.

Please list all contact information for chapters and branches that apply.

Chapter Branch Name: _____ Phone # _____

Contact person: First Name: _____ Last Name: _____

Address: _____ Email: _____

Chapter Branch Name: _____ Phone # _____

Contact person: First Name: _____ Last Name: _____

Address: _____ Email: _____

Chapter Branch Name: _____ Phone # _____

Contact person: First Name: _____ Last Name: _____

Address: _____ Email: _____

Chapter Branch Name: _____ Phone # _____

Contact person: First Name: _____ Last Name: _____

Address: _____ Email: _____

Chapter Branch Name: _____ Phone # _____

Contact person: First Name: _____ Last Name: _____

Address: _____ Email: _____



HCBC Affiliate Membership Application

Chapters Clubs and Branches

Chapter Branch Name: _____ Phone # _____

Contact person: First Name: _____ Last Name: _____

Address: _____ Email: _____

Chapter Branch Name: _____ Phone # _____

Contact person: First Name: _____ Last Name: _____

Address: _____ Email: _____

Chapter Branch Name: _____ Phone # _____

Contact person: First Name: _____ Last Name: _____

Address: _____ Email: _____

Chapter Branch Name: _____ Phone # _____

Contact person: First Name: _____ Last Name: _____

Address: _____ Email: _____

Chapter Branch Name: _____ Phone # _____

Contact person: First Name: _____ Last Name: _____

Address: _____ Email: _____

Chapter Branch Name: _____ Phone # _____

Contact person: First Name: _____ Last Name: _____

Address: _____ Email: _____

Chapter Branch Name: _____ Phone # _____

Contact person: First Name: _____ Last Name: _____

Address: _____ Email: _____