



2205 Victoria Avenue Regina, SK S4P 0S4

Phone: 306.780.9244 Fax: 306.525.4009 E-mail: shfservices@sasktel.net

Membership #: _____

IDENTIFICATION

Full Name: _____

Mailing Address: _____ City/Town _____ Province _____ Postal Code _____

Tel: () - () (Hm) () - () (Cell) () - () (Fax)

Email: _____ Website: _____

Gender: M F Date of Birth (Mandatory): / / Preferred Language English French

If Aboriginal status please check one: Status/Treaty Non-Status Metis Inuit

Main Horse Interest (check one only): Sport: Western English Driving Other Recreation Industry/Breeds

Membership Application Type (check only primary one): Adult Junior Family

ADDITIONAL APPLICANTS [Family Members]

(please print legibly)

Name: _____ M F Date of Birth: / /

Name: _____ M F Date of Birth: / /

Name: _____ M F Date of Birth: / /

Name: _____ M F Date of Birth: / /

Please add and attach any additional Family applicants on a separate sheet.

SURVEY QUESTIONS: Do you teach horse riding/driving to others? Y N If yes, are you paid to do so? Y N

Do you judge or officiate at horse events? Y N Do you enter to ride/drive in horse shows? Y N

Do you own horses? Y N If yes, please state the number of horses you own: _____

PAYMENT SCHEDULE SUMMARY [Forwarded from page 2]

[Note: all Individual Memberships include a National Membership in Equine Canada. All fees are paid directly by the SHF at no extra cost to the Member.]

Membership Fees: Total Forwarded: \$ _____

Optional Insurance Fees: Total Forwarded: \$ _____

Pegasus Fund Donations: Total Forwarded: \$ _____

Western Horse Review Total Forwarded: \$ _____

TOTAL PAYABLE: \$ _____

METHOD OF PAYMENT (please check correct box)

Cheque # _____ Bank _____

VISA

MasterCard

Credit Card #: _____ CSV# (3 digits on back) _____ Expiry date: /

Name as it appears on card: (print) _____ Signature: _____

SHF Privacy Policy: Personal information is not released to any outside source without permission from the Member. Data obtained for reporting purposes does not identify Individuals. Membership Lists are used by mailing services only to address Member mailings. The SHF recognizes the privacy of Individuals with respect to their personal information and is committed to ensuring it is protected under the Privacy Act.



Membership #: _____

IDENTIFICATION: Name _____

Individual Membership Benefits: [All listed Members of SHF by agreement hold reciprocal membership with Equine Canada]

- Includes \$5 million liability insurance for all horse-related, non-business activities for each listed member
- Includes \$30,000 Accidental Death; \$10,000 liability coverage for accidents hauling others' horses
- "Members' Own" discounts with NTRA/John Deere program and other business affiliates
- Sport Accident coverage at SHF sanctioned events
- Show Trail Magazine and SHF Industry Directory (Bi-annual)
- Preferred Member advertising rates in Show Trail.

| MEMBERSHIP FEES | STATEMENT OF FEES | Sub-Total | FEE TOTALS |
|---|------------------------------|-----------|-------------------------|
| TOTAL | | | |
| ADULT MEMBERSHIP <input type="checkbox"/> 18 years and over as of January 1, 2012 | \$48 x _____ | \$ _____ | |
| [Name _____] | | | |
| JUNIOR MEMBERSHIP <input type="checkbox"/> 17 years and under as of January 1, 2012 | \$30 x _____ | \$ _____ | |
| [Name _____] | | | |
| FAMILY MEMBERSHIP <input type="checkbox"/> [2 Adults and all Juniors at same address] | \$ 115 | \$ _____ | |
| [First/Last Names: _____] | | | |
| | Total Membership Fees | \$ _____ | \$ _____ |
| | | | TOTAL MEMBERSHIP |

OPTIONAL INSURANCE PRODUCTS:

HORSE NAMED PERILS: Covers death of an owned horse resulting from fire, lightning or collision/overturn of a vehicle in which a horse is being transported. Insures up to a maximum of \$4,000 that can be applied regardless of the number of horses owned. Losses are restricted to one claim per year. **Name of Insured Member(s)** _____ **@ \$20/member x** _____ \$ _____

ENHANCED PERSONAL LIABILITY: Provides for 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 boarding situations, neighborly housing of horses. **Name of Insured Member(s)** _____ **@ \$20/member** \$ _____

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT: Provides an ADDITIONAL \$50,000 Principal Sum ADD including a benefit for fracture and dental. **Restricted to Under 70 Years of Age.** **Name of Insured Member(s)** _____ **@ \$25/member** \$ _____

WAI—WEEKLY ACCIDENT INDEMNITY: Income replacement due to Accident in the event you are unable to work. Coverage in force 24 hrs/day, 7 days/wk & includes (but is not limited to), injuries arising from equine related incident. The policy will provide **up to \$500.00/wk** in income replacement for **up to 26 wks.** (Some restrictions apply). Must have filed income tax return to CRA in the most recent year, must be an SHF Individual member. **Name of Insured Member(s)** _____ **@ \$125/member** \$ _____

TRAVEL (Out of Province/Country): Provides \$1 million coverage for emergency medical/hospitalization for any/all travel, not just horse-related. Must be an SHF Individual member. **Restricted to under 70 Years of Age.** **Name of Insured Member(s)** _____ **@ \$75/mem; \$120 mem + spouse; \$180/Fam.** \$ _____

MEMBER'S TACK INSURANCE: Insures tack and equipment from loss or damage anywhere in North America. Limit—\$2500 (\$500 deductible). Does not cover clothing or protective equipment worn by riders, wear & tear/abuse, mysterious disappearance or horse drawn vehicles. **Name of Insured Member(s)** _____ **@ 30/member** \$ _____

PEGASUS FUND DONATIONS: Donations to SHF Legacy Fund for its charitable purposes provides annual tax receipt from National Trust Fund. Donors may designate funds for specific purposes and special projects may be created by contacting SHF, e.g. memorial funds, scholarship funds, etc.

- Therapeutic Riding and Challenged Persons Fund: Amount of Donation _____
- Youth Projects Development Fund: Amount of Donation _____
- Team Saskatchewan Development Fund: Amount of Donation _____
- Equine Research, Health and Welfare: Amount of Donation _____

WESTERN HORSE REVIEW - 1 Year subscription @ \$19.65 (tax included) - A 25% Savings

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| \$ _____ | TOTAL INSURANCE |
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| \$ _____ | TOTAL PEGASUS |
| \$ _____ | |
| \$ _____ | TOTAL WESTERN HORSE REVIEW |