



2205 Victoria Avenue 306780.9244 fax: 306.525.4009
Regina, Sk. S4P 0S4 e-mail:

SHF Membership #: _____

IDENTIFICATION

Full Name: _____

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

Tel: (____) - (____) (H) (____) - (____) (Cell) (____) - (____) (Fax)

E-mail: _____ Website: _____

Gender: M F Date of birth (mandatory): ____/____/____ Preferred Language English French
yyyy/mm/dd

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

Main Horse Interest (check one): 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 ____/____/____.

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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: \$ _____

SPECIAL : NEW PONY CLUB MEMBERS:

Optional Insurance Fees: Total Forwarded: \$ _____

2011 fees Sept. to Dec.31, 2011 \$ 10.00

Pegasus Fund Donations: Total Forwarded \$ _____

- Forward "Total Payable" amount \$ _____

TOTAL PAYABLE: \$ _____

Total—New Pony Club Member: \$ _____

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: _____

Signature of Parent (if under 18 year) _____ Date: _____

SHF Privacy Policy: Personal information is not released to any outside source without the permission of 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 TOTAL	STATEMENT OF FEES	Sub-Total	FEE TOTALS
ADULT MEMBERSHIP <input type="checkbox"/> 18 years and over as of January 1, 2012 [name _____]	\$48 x _____	\$ _____	
JUNIOR MEMBERSHIP <input type="checkbox"/> 17 years and under as of January 1, 2012 [name _____]	\$30 x _____	\$ _____	
FAMILY MEMBERSHIP <input type="checkbox"/> [2 Adults and all juniors at same address] [first/last names: _____]	\$ 115	\$ _____	
	Total Membership Fees	\$ _____	
			\$ _____
			TOTAL MEMBERSHIP

OPTIONAL INSURANCE PRODUCT COSTS:

HORSE NAMED PERILS: Covers death of an owned horse resulting from fire, lightning or collision/overturn of a vehicle in which a horse was 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, neighbourly housing of horses. **NAME OF INSURED MEMBER;** _____ **@ \$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;** _____ **@ \$25/member**

WAI—WEEKLY ACCIDENT INDEMNITY: Income replacement due to Accident in the event you are unable to work. Coverage is in force 24 hours a day/ 7 days a week and includes (but is not limited to), injuries arising from an equine related incident. The policy will provide up to \$500.00 / week in income replacement for up to 26 weeks. (Some restrictions apply). Must have filed an income tax return to Canada Revenue Agency in the most recent year, must be an SHF Individual member. **NAME OF INSURED MEMBER;** _____ **@ 115/member**

TRAVEL (Out of Provinc/Country): Provides \$1 million coverage for emergency medical/hospitalization for any/all travel, not just horse-related. Must be SHF Individual member. **Restricted to under 70 Years of Age.** **NAME(S) OF INSURED MEMBER(S);** _____ **@ \$75/member; \$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;** _____ **@ 30/member**

PEGASUS FUND DONATIONS: Donations to SHF Legacy fund for its charitable purposes provides annual tax receipts 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 _____

\$ _____

Total Pegasus

\$ _____

TOTAL PEGASUS

TOTAL INSURANCE