



# 2018 Equine Association of Yukon MEMBERSHIP APPLICATION FORM

2018 Membership: January 1, 2018 - December 31, 2018

**Pages 1 & 2 of the form must be completed in order to process memberships**

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  Male  Female Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal: \_\_\_\_\_  
 Coach:  Official:  Athlete:  Other:

➡ **Additional or NEW members living at the above address:**

➡ Each member will be issued a separate membership number. For Insurance purposes, birth dates must be provided.

NAME(s)	CIRCLE/CHECK	BIRTH DATES	CHECK AT LEAST ONE
Spouse: _____	<input type="checkbox"/> M <input type="checkbox"/> F	Y _____ M _____ D _____	Coach: <input type="checkbox"/> Official: <input type="checkbox"/> Athlete: <input type="checkbox"/> Other: <input type="checkbox"/>
Children: _____	<input type="checkbox"/> M <input type="checkbox"/> F	Y _____ M _____ D _____	Coach: <input type="checkbox"/> Official: <input type="checkbox"/> Athlete: <input type="checkbox"/> Other: <input type="checkbox"/>
Children: _____	<input type="checkbox"/> M <input type="checkbox"/> F	Y _____ M _____ D _____	Coach: <input type="checkbox"/> Official: <input type="checkbox"/> Athlete: <input type="checkbox"/> Other: <input type="checkbox"/>
Children: _____	<input type="checkbox"/> M <input type="checkbox"/> F	Y _____ M _____ D _____	Coach: <input type="checkbox"/> Official: <input type="checkbox"/> Athlete: <input type="checkbox"/> Other: <input type="checkbox"/>

<b>Membership Fees</b>	Senior - 18 years and over as of January 1, 2018	\$35.00 per person	\$
	Junior - 17 or under as of January 1, 2018	\$25.00 per person	\$
	Family - a minimum of 3 people, defined as parent(s) or guardian(s) and their junior children residing at the same address. Maximum of 2 seniors per family	\$75.00 per family	\$
<b>Optional Insurance Coverage</b>	Accidental Death & Dismemberment includes Fracture & Dental benefits <b>Member(s) Purchasing:</b> _____	<input type="checkbox"/> 2018 - \$25 per person <input type="checkbox"/> 2018 - \$75 per family	\$
	Members Named Perils - Member(s) Purchasing: _____	<input type="checkbox"/> 2018 - \$15 per person	\$
	Tack Insurance - \$10,000 COVERAGE Member(s) Purchasing: _____	<input type="checkbox"/> 2018 - \$35 per person	\$
	Weekly Accident Indemnity Insurance (WAI) – <b>PLEASE REQUEST A COPY OF THE W.A.I. APPLICATION FORM FROM E.A.Y. IF YOU WOULD LIKE TO PURCHASE THIS INSURANCE OPTION</b>	<input type="checkbox"/> 2018 - \$150 per person	\$
	Out of Province /Country Travel <b>TRAVEL DECLARATION ON PAGE TWO MUST BE SIGNED AND SUBMITTED TO EAY WITH THIS APPLICATION IF PURCHASING 2018 TRAVEL INSURANCE</b> INITIAL DEPARTURE DATE (if known) _____ MEMBER(S) PURCHASING TRAVEL _____	2018 Travel (under age 75) <input type="checkbox"/> \$115 per member	\$
<b>Canadian Horse Journal</b>	1 year subscription, 6 bimonthly print and digital editions	<input type="checkbox"/> 1 year - \$22.05	\$
	2 year subscription, 12 bimonthly print and digital editions	<input type="checkbox"/> 2 year - \$32.55	
<b>Total Fees Enclosed</b>			<b>\$</b>

**PLEASE MAKE CHEQUES PAYABLE TO: EQUINE ASSOCIATION OF YUKON**

Send completed form with payment to:

Equine Association of Yukon, Box 30011, Whitehorse, YT Y1A 5M2

Email: equineyukon@gmail.com | Website: www.equineyukon.weebly.com

**Please complete page 2** ➡ ➡ ➡ ➡ ➡



EAY accepts Interac e-Transfer payments.

Send e-transfer to:

**equineyukon@gmail.com**



The insurance coverage included and/or available as an option with your EAY Membership is provided to you by CapriCMW Insurance. EAY is not licensed to sell or provide counsel on the insurance coverage. Please contact CapriCMW Insurance directly for any questions regarding coverage, limitations or exclusions at 1-800-670-1877(Equine department). Please view the Summary of Insurance included with the membership application.

**THE FOLLOWING INFORMATION IS MANDATORY TO PROCESS MEMBERSHIPS  
PLEASE CHECK THE BOX, WHERE APPLICABLE, TO PROVIDE YOUR CONSENT**

<input type="checkbox"/>	<b>ELECTRONIC COMMUNICATION CONSENT</b>	I CONSENT to receive e-news, announcements and membership renewals from EAY, electronically, to the email address(es) provided in this application. If you do not consent, the EAY will ONLY send you notice of Annual/Special General Meetings and membership renewals by email.
<input type="checkbox"/>	<b>EQUESTRIAN CANADA</b>	I CONSENT to share my personal contact information with Equestrian Canada. EAY Membership includes mandatory membership with Equestrian Canada. This is not your Sport Licence. An Equestrian Canada Sport Licence, if required, is to be purchased directly from Equestrian Canada. <i>NOTE: Equestrian Canada charges a late fee after March 31<sup>st</sup> so please remember to renew before March 31<sup>st</sup> to avoid the late fee.</i> (If you do not consent this will affect your ability to purchase a Sport Licence).
<input type="checkbox"/>	<b>PARENTAL CONSENT</b>	If one or more applicant(s) named in this application are under the age of 18 I declare I am the parent or legal guardian for said minor applicant(s) and I hereby give my consent for the named minor applicant(s) to become a member of EAY.
<input type="checkbox"/> <b>MUST CHECK</b>	<b>DECLARATION</b>	On behalf of the Applicant(s), I, the undersigned, hereby declare the information provided in this application to be true and accurate and is endorsed by the Applicant.

**★ ★ MANDATORY – SIGNATURE IS REQUIRED ★ ★**

On behalf of the Applicant(s) in this application, I, the undersigned, hereby declare the information provided in this application to be true and accurate and is endorsed by the Applicant. Falsifying information could possibly null and void insurance coverage in the event of a claim.

<b>PRINT NAME OF APPLICANT or PARENT/LEGAL GUARDIAN if Minor Applicant</b>	<b>SIGNATURE REQUIRED APPLICANT or Parent/Legal Guardian if Minor Applicant</b>

**2018 TRAVEL INSURANCE DECLARATION**

*This Declaration must be completed and signed if purchasing 2018 Optional Travel Insurance Coverage*

<input type="checkbox"/>	<p><b>I DECLARE:</b></p> <ol style="list-style-type: none"> <li>1. I am a member in good standing of my home Provincial / Territorial Equine Association.</li> <li>2. I understand that travel coverage terminates at 12:01 a.m. on the date of my 75th birthday.</li> <li>3. I am a Canadian Resident and I have valid health insurance in force as provided by my home provincial / territorial government health plan.</li> <li>4. I understand that all pre-existing medical conditions may not be covered by this insurance.</li> <li>5. I understand that coverage for each 90 day trip begins (only) on the date of departure from my home province / territory and cannot be initiated if I am outside of my home province /territory.</li> <li>6. I understand that this policy cannot be extended beyond 90 days for any single trip.</li> <li>7. I understand that I am financially responsible for incidental / minor medical expenses at the time care is rendered.</li> </ol> <p><b>BY CHECKING THIS BOX and SIGNING BELOW, I UNDERSTAND AND DECLARE ALL ITEMS LISTED ABOVE TO BE TRUE.</b></p>
<b>PRINT NAME OF APPLICANT or PARENT/LEGAL GUARDIAN if Minor Applicant</b>	<b>SIGNATURE REQUIRED APPLICANT or Parent/Legal Guardian if Minor Applicant</b>

**MEMBERSHIP INCENTIVES ACCESSED WITH YOUR BASIC EAY MEMBERSHIP FEE**

Please contact EAY for more information regarding these incentives  
(Email: [equineyukon@gmail.com](mailto:equineyukon@gmail.com)).

- EAY members may be eligible for incentives and/or discounts on KUBOTA equipment
- High school students are eligible to earn high school credits - in certain grades credits can be earned for passing specific Equestrian Canada Rider Levels in English and Western riding.

**OTHER OPTIONS ARE ALSO AVAILABLE TO MEMBER'S AT REDUCED COST:**

"Equi-Care" providing life / medical / surgical insurance for your horses.  
IMPORTANT: IF YOU ARE NOT A CANADIAN RESIDENT PLEASE READ THE LAST Q&A UNDER THE FAQ'S.



**CapriCMW Insurance**  
100 – 1500 Hardy Stree,  
Kelowna, BC V1Y 8H2

Toll Free: 1-800-670-1877  
Fax: 250-860-1213  
Website: [www.capricmw.ca/horse](http://www.capricmw.ca/horse)  
Email: [agri@capricmw.ca](mailto:agri@capricmw.ca)