



# 2020 Equine Association of Yukon MEMBERSHIP APPLICATION FORM

2020 Membership: January 1, 2020 - December 31, 2020

*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"/>

★ **The following information is MANDATORY to process memberships** ★  
**PLEASE CHECK THE BOX, WHERE APPLICABLE, TO PROVIDE YOUR CONSENT**

<input type="checkbox"/>	<b>EAY's INFORMATION EMAIL LIST</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. <b>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.</b> (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>
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# 2020 EAY Fees & Additional Options

<b>Membership Fees</b>	Senior - 18 years and over as of January 1, 2020	\$35.00 per person	\$
	Junior - 17 or under as of January 1, 2020	\$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>	Enhanced Accidental Death & Dismemberment includes Fracture & Dental benefits <b>Member(s) Purchasing:</b> _____ Provides \$50,000 Principal Sum AD&D and includes a Fracture benefit of \$7,500/\$2,500 principal sum (helmet/no helmet) and a Dental benefit of \$5,000 principal sum. 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 75 years of age	<input type="checkbox"/> 2020 - \$30 per person <input type="checkbox"/> 2020 - \$90 per family	\$
	Members Named Perils - Member(s) Purchasing: _____ Covers the death of an owned horse resulting from fire, lightning, collision/overturn of a conveyance in which a horse was being transported. It also extends to windstorm/hail, earthquake or flood, attack by a dog or wild animal, collapse of building, order of government authority and more. This insures up to a maximum of \$10,000 for any one horse, any one loss.	<input type="checkbox"/> 2020 - \$15 per person	\$
	Tack Insurance - \$10,000 COVERAGE Member(s) Purchasing: _____ Insures tack and equipment from loss or damage anywhere in North America. Limit \$10,000.00 (\$500 deductible). Does not cover clothing or protective equipment worn by riders, wear & tear/abuse, mysterious disappearance or horse drawn vehicles.	<input type="checkbox"/> 2020 - \$40 per person	\$
	Weekly Accident Indemnity Insurance (WAI) <b>Please contact Capri for further information and access to this product.</b> Income Replacement in the event 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 an equine related incident. The policy will provide up to \$500/week in income replacement for up to 26 weeks (restrictions apply). PLEASE NOTE: Members who choose to purchase this Weekly Accident Indemnity option will automatically be provided with AD&D coverage - including \$50,000 Principal Sum for permanent and catastrophic injuries, a Fracture benefit of \$7,500/\$2,500 principal sum (helmet/no helmet) and a Dental benefit of \$5,000 principal sum.		
	<b>To purchase Travel Insurance</b> please go to the following link to obtain a customized insurance quote unique to your needs: <a href="https://shop.tugo.com/store/INT001">https://shop.tugo.com/store/INT001</a> Provides \$10,000,000 coverage for unexpected Medical expenses including Hospitalization. Several custom options available to suit the needs of every member		
<b>Canadian Horse Journal</b>	1 year subscription, 6 bimonthly print and digital editions 2 year subscription, 12 bimonthly print and digital editions	<input type="checkbox"/> 1 year - \$22.05 <input type="checkbox"/> 2 year - \$32.55	\$
<b>PLEASE MAKE CHEQUES PAYABLE TO: EQUINE ASSOCIATION OF YUKON</b>		<b>Total Fees Enclosed</b>	<b>\$</b>

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



EAY accepts Interac e-Transfer payments.

Send e-transfer to:

[equineyukon@gmail.com](mailto: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.

## 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 on page 2 of the document titled "Capri Summary and FAQ".



**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)