



# 2024 Equine Association of Yukon MEMBERSHIP APPLICATION FORM

2024 Membership: January 1, 2024 - December 31, 2024

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

Coach	Official	Athlete	Other	Indigenous	Address
				Male	City/Town
				Female	
SURNAME				Prefer Not to Respond	Province
FIRST NAME				Non-Binary	Postal
MIDDLE NAME				Transgender	E-mail:
				Self Describe	Home Tel.
Birth Date	Y	M	D		Mobile Tel

## 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
<b>SPOUSE</b>	Indigenous		Coach
SURNAME	M F PNR N-B TG Y M D		Athlete
FIRST NAME	Self D.		Official
			Other
<b>CHILD #1</b>	Indigenous		Coach
SURNAME	M F PNR N-B TG Y M D		Athlete
FIRST NAME	Self D.		Official
			Other
<b>CHILD #2</b>	Indigenous		Coach
SURNAME	M F PNR N-B TG Y M D		Athlete
FIRST NAME	Self D.		Official
			Other
<b>CHILD #3</b>	Indigenous		Coach
SURNAME	M F PNR N-B TG Y M D		Athlete
FIRST NAME	Self D.		Official
			Other

## 2024 EAY Fees & Additional Options

Membership Fees	<b>Senior</b> - 18 years and over as of January 1, 2024	\$40.00 / person	\$
	<b>Junior</b> - 17 or under as of January 1, 2024	\$25.00 / person	\$
	<b>Family</b> - 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	\$80.00 / family	\$
Optional Insurance Coverage	<b>Enhanced Accidental Death &amp; Dismemberment includes Fracture &amp; Dental benefits</b> <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	2024 ◆ \$45 / person  2024 ◆ \$135 / family	\$
	<b>Members Named Perils</b> <b>Member(s) Purchasing:</b> _____ 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.	2024 ◆ \$25 / person	\$

Please complete page 2

# 2024 Additional Options CONTINUED

<b>Optional Insurance Coverage</b>	<b>Tack Insurance - \$10,000 COVERAGE</b> <b>Member(s) Purchasing:</b> _____ 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.	<b>2024</b> \$50 / person	\$ _____
	<b>Donate</b> to help support EAY programs facilitating youth participation in equestrian programs/camps/lessons where financial resources and/or personal circumstances are a significant impediment to juniors reaching their equestrian goals.	\$25      \$50 \$75      Other	\$ _____
<b>Canadian Horse Journal</b>	1 year subscription, 4 quarterly print and digital editions 2 year subscription, 8 quarterly print and digital editions	1 year - \$24.15 2 year - \$36.75	\$ _____

The insurance coverage included and/or available as an option with your EAY Membership is provided to you by CapriCMW / Acera Insurance. EAY is not licensed to sell or provide counsel on the insurance coverage. Please contact CapriCMW / Acera 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.

<b>Total Fees Enclosed</b>	\$ _____
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## OTHER OPTIONS ARE ALSO AVAILABLE TO MEMBERS AT REDUCED COST:



**Equi-Care:**  
Providing life, medical or surgical insurance for your horses.



**Travel Insurance:**  
Contact CapriCMW / Acera Insurance directly.



**NOT a Canadian Resident?**

Please read the last Q&A on page 2 of the document titled "Capri Summary and FAQ".



Western Provinces and Territories:

Acera Insurance Services Ltd.  
100 - 1500 Hardy Street, Kelowna, BC V1Y 8H2



Toll Free: 1-800-670-1877  
Fax: 1-888-822-6115  
Website: capricmw.ca/equine  
Email: agri@capricmw.ca

## 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

**EAY Accepts Interac e-Transfer Payments**



**Send e-transfer to:**  
[equineyukon@gmail.com](mailto:equineyukon@gmail.com)



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



EAY's INFORMATION EMAIL LIST	EQUESTRIAN CANADA	PARENTAL CONSENT	DECLARATION
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.	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).	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.	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</b> <b>or PARENT/LEGAL GUARDIAN if Minor Applicant</b>	<b>SIGNATURE REQUIRED</b> <b>APPLICANT or Parent/Legal Guardian if Minor Applicant</b>
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