

2010 ASHA MEMBERSHIP APPLICATION

Mail to: Alberta Standardbred Horse Association
B-15, 6020 – 2nd Street S.E. Calgary, AB T2H 2L8

DATE OF APPLICATION: _____ MALE / FEMALE: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

SIN: _____ (Required for Insurance Purposes)

PHONE (Res): _____ (Bus) _____ Fax: _____

DATE OF BIRTH: (Day) _____ (Month) _____ (Year) _____

BENEFICIARY FOR INSURANCE: NAME: _____

(Relationship) _____

Email: _____

Please check as many as apply to your membership:

Voting privileges extended only to those holding full membership

Full Membership - \$50.00

Full) Spouse of - \$50.00

Associate Membership - \$25.00

Driver:

Groom:

Trainer:

Interested Individual:

Owner:

4-H Member: (no charge)

Breeder:

Signature: _____

I hereby certify that all information provided on this application is true and that any false answers or statements made by me can be considered grounds for denial or revocation of membership. I agree to abide at all times by the By-Laws and Regulations of The Alberta Standardbred Horse Association. I agree and consent to the terms of the Privacy Policy of ASHA, a copy of which is published on the ASHA website and available to me in print on request. I understand that in addition to the release of member information outlined in the ASHA privacy policy, that I must give my consent, as indicated below, to the release by ASHA of my contact information including address and telephone number when such disclosure is not related to ASHA's objects and mandate.

I Hereby consent () OR Do not consent ()