



20__ ASHA
MEMBERSHIP APPLICATION
 Mail to: Alberta Standardbred Horse Association
 #201, 151 East Lake Blvd., Airdrie, AB, T4A 2G1

DATE OF APPLICATION: _____ GENDER: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

PHONE (Res/Cel): _____ (Bus) _____

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

Please indicate contact preference for correspondence (**Assure your information is up to date please!**) E-Mail Surface Mail

EMAIL: _____

CHECK OFF AS MANY THAT APPLY TO YOUR MEMBERSHIP:

Full Membership - \$100.00

- Driver
- Trainer
- Owner
- Breeder
- Groom
- Farrier
- Veterinarian
- Tradesperson
- Other - Please indicate _____

Spouse of - \$100.00

- Driver
- Trainer
- Owner
- Breeder

Associate Membership - \$25.00

- Interested Individual
- (Restricted membership – no access to backstretch, no voting privileges, no insurance coverage, but will receive all regular mailouts)

Voting privileges extended only to those holding full membership in good standing. ***NOTE: Due to the liability insurance regulations at Century Downs, all members participating in racing MUST be full members.**

(I.E. – Pace Under Saddle, Special event)

► BENEFICIARY DESIGNATION ◀

MEMBER Last Name

First Name

Are you in Canada on a Work Visa/Permit?
***Copy required to enroll in plan.**
 Yes No

Beneficiary Designation (use full legal name – e.g. Mary Jane Doe, not Mrs. John Doe)

I revoke all previous beneficiary appointments and designate as revocable beneficiary in the event of my death:

- 1) _____ %
 Full Legal Name Relationship Share of Proceeds
- 2) _____ %
 Full Legal Name Relationship Share of Proceeds

► Important Note ◀

I agree to the conditions of the contract(s) between ASHA and the insurer(s). On behalf of my dependents and myself, I authorize BBD Inc. and all insurers to exchange the information detailed in this application, and any other benefit related information contained in files regarding my dependents, or me either now or in the future, for the purposes of administration and/or management of the group insurance policies issued by the insurers. I understand that this original document and all other original documents pertaining to my dependents and me are the property of BBD Inc. and will be permanently retained by BBD Inc. as required by the insurers. I confirm that the information I have provided is true and complete.

Trustee Designation (complete **ONLY** if beneficiary is under age 18)

For a Beneficiary Designation, your signature must be witnessed by someone over the age of 18 who is not related to you and who is not your beneficiary.

I appoint as revocable Trustee to receive any amount which may be due my beneficiary, while such beneficiary is a minor:

 Full Legal Name

 Signature of Member Date

 Signature of Witness Date

PLEASE READ BELOW AND INITIAL THE BOXES

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 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>I Hereby Do NOT consent</i>	<i>I Hereby Consent</i>
Initial here	OR here
	AND here

IMPORTANT~!!!Please turn over →→

****NEW****

ASHA is now accepting multi year membership payments. You will receive a reminder notice prior to your term expiring.

I am renewing for:

<i>CHECK ONE</i>	<i>TERM</i>	<i>AMOUNT DUE</i>
	1 year.....	\$100
	2 years.....	\$200
	3 years.....	\$300

OPTIONAL:

All members are *entitled* to their own copy of directories and catalogues mailed out. In the interest of saving postage, we are reducing mail outs to one per household **UNLESS otherwise indicated below.**

Please indicate how many copies your **household** would like for the following:

I wish to receive:

1. **Stallion Directory and Stakes Guide:** # _____ of copies for my household.

- OR -

_____ None, I will pick up my copy/copies at the racetrack or I do not want any.
please check

2. **Yearling Sale Catalogue:** _____ # of copies for my household.

- OR -

_____ None, I will pick up my copy/copies at the racetrack or I do not want any.
please check

<u>FOR OFFICE USE ONLY</u>		Date Received: _____
New Member <input type="checkbox"/>	Renewal <input type="checkbox"/>	Term of Renewal - 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year <input type="checkbox"/>
Payment Method: Cash _____	Chq# _____	Receipt#: _____ ID# _____