



**2019 ASHA
NEW 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/Cell): _____ (Bus) _____

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

EMAIL: _____

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

CHECK OFF AS MANY THAT APPLY TO YOUR MEMBERSHIP:

Full Membership - \$100.00		*or*	Associate Membership - \$25.00 <input type="checkbox"/>	
Driver	<input type="checkbox"/>	Groom	<input type="checkbox"/>	- Interested Individual - Restricted membership – no access to backstretch, no voting privileges, no insurance coverage, but will receive all regular mailouts
Trainer	<input type="checkbox"/>	Farrier	<input type="checkbox"/>	
Owner	<input type="checkbox"/>	Veterinarian	<input type="checkbox"/>	
Breeder	<input type="checkbox"/>	Tradesperson	<input type="checkbox"/>	
Other	<input type="checkbox"/>	- Please indicate ((I.E. – Pace Under Saddle, Special Event) _____)		

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.**

► BENEFICIARY DESIGNATION ◀

(PLEASE READ REVERSE BEFORE COMPLETING)

MEMBER: Last Name _____ First Name _____		Are you in Canada on a Work Visa/Permit? *Copy required to enroll in plan. <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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:</p> <p>1) _____ % Full Legal Name Relationship Share of Proceeds</p> <p>2) _____ % Full Legal Name Relationship Share of Proceeds</p>		<p align="center">► Important Note ◀</p> <p>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.</p>
<p>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:</p> <p>_____ % Full Legal Name</p>		<p><input checked="" type="checkbox"/> _____ Signature of Member Date</p> <p><input checked="" type="checkbox"/> _____ Signature of Witness Date</p>

IMPORTANT!! - PLEASE READ BELOW AND INITIAL THE BOXES *I Hereby Do NOT consent* *I Hereby Consent*

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>Initial here</i>	<i>Or here</i>
<i>AND here</i>	

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 upon request.

Please turn over →→

The ASHA accepts multi-year membership payments. You will receive a reminder notice prior to your term expiring.

I am paying for:

CHECK ONE	TERM	AMOUNT DUE
<input type="checkbox"/>	1 year	\$ 100
<input type="checkbox"/>	2 years	\$ 200
<input type="checkbox"/>	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: (Circle one option for each mailout)

STALLION DIRECTORY & STAKES GUIDE	NO (will pick up at the track/do not want any)	YES _____ (#of copies)
YEARLING SALE CATALOGUE	NO (will pick up at the track/do not want any)	YES _____ (#of copies)

INSTRUCTIONS ON COMPLETING THE BENEFICIARY DESIGNATION SECTION

THIS SECTION (on the reverse) MUST BE COMPLETED FOR THE LIFE INSURANCE WHICH ASHA PROVIDES AS A BENEFIT TO ITS MEMBERS. Maximum payout is \$10,000. With continuous coverage, upon reaching the age of 65, the benefit is reduced to \$5,000, and again reduced to \$2,500 upon reaching the age of 70. Benefits **discontinue** at age 75. Honorary membership is granted to those 80 and over. If you are over the age of 65 please complete only the contact information, **as the life insurance is only available to Canadian residence under 65.** Those who are ineligible for life insurance still pay 100 for the liability coverage at any Alberta Racetrack, unless you can provide proof of liability coverage for \$ 5 million or more.

Contact the ASHA Office if you have any questions regarding the life insurance application at 403-263-7765

▶ BENEFICIARY DESIGNATION ◀	
<p>MEMBER: Last Name _____ First Name _____</p> <p>YOUR LAST NAME HERE and then YOUR FIRST NAME</p>	<p align="right"><small>Are you in Canada on a Work Visa/Permit?</small></p> <p align="right"><small>*Copy required to enroll in plan.</small></p> <p align="right"><small><input type="checkbox"/> Yes <input type="checkbox"/> No</small></p>
<p>Beneficiary Designation (use full legal name – e.g. Mary Jane Doe, not Mrs. John Doe)</p> <p>I revoke all previous beneficiary appointments and designate as revocable beneficiary in the event of my death:</p> <p>1) Who do you want to receive your benefits in case of death?</p> <p>Full Legal Name _____ Relationship _____ Share of Proceeds _____</p> <p>2) _____ %</p> <p>Full Legal Name _____ Relationship _____ Share of Proceeds _____</p>	<p align="center">▶ Important Note ◀</p> <p>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.</p>
<p>Trustee Designation (complete ONLY if beneficiary is under age 18)</p> <p><i>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></p> <p>I appoint as revocable Trustee to receive any amount which may be due my beneficiary, while such beneficiary is a minor:</p> <p align="center">THIS PERSON IS THE TRUSTEE OF YOUR ESTATE</p> <p align="center">IF NAMED ABOVE IS A MINOR</p> <p align="center">Full Legal Name _____</p>	<p><input checked="" type="checkbox"/> YOU MUST SIGN & DATE HERE</p> <p align="center">Signature of Member _____ Date _____</p> <p><input checked="" type="checkbox"/> IT MUST BE WITNESSED!</p> <p align="center">Signature of Witness _____ Date _____</p>
<p>FOR OFFICE USE ONLY</p> <p>Term of Membership - 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year <input type="checkbox"/></p> <p>Payment Method: Cash _____ Chq# _____ E-Transfer _____ Receipt# _____</p> <p align="right">Date Received: _____ ID#: _____</p>	