



ASHA APPLICATION for RENEWAL
 Mail to: Alberta Standardbred Horse Association
 #207, 151 East Lake Blvd., Airdrie, AB, T4A 2G1
 ph: 403-263-7765 fax: 403-294-1510

DATE OF APPLICATION: _____ GENDER _____ MEMBER ID# _____
DD/MM/YYYY IF KNOWN

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

PROVINCE: _____ POSTAL CODE: _____ CITY: _____

PHONE #'s _____ / _____
PRIMARY ALTERNATE

DATE OF BIRTH: _____ EMAIL: _____
DD/MM/YYYY

CHECK OFF ALL THAT APPLY TO YOUR MEMBERSHIP:

	Full Membership - \$100.00	*OR*	Associate Membership - \$25.00
Driver	<input type="checkbox"/> Farrier	<input type="checkbox"/>	<input type="checkbox"/> - Interested Individual - Restricted membership – no access to backstretch, voting privileges, or insurance coverage, but will receive all regular mailouts.
Trainer	<input type="checkbox"/> Veterinarian	<input type="checkbox"/>	
Owner	<input type="checkbox"/> Tradesperson	<input type="checkbox"/>	
Breeder	<input type="checkbox"/>		
Groom	<input type="checkbox"/> -Please indicate whom you groom for _____		
Other	<input type="checkbox"/>		

For Other, please indicate (i.e. - Special Event, **NOT** HRA, or AA) _____
i.e. -4-H PROGRAM, PACE UNDER SADDLE, etc.

**Are you a member of a stable Yes - Name of Stable _____

Voting privileges extended only to those holding full membership in good standing. *NOTE: Due to the liability insurance regulations at Century Downs, Century Mile and The Track on 2, all members participating in racing **MUST** be full members.

Renewal Applications will no longer contain beneficiary information. Please call the Airdrie office should you need to know who your beneficiary is, or to change your beneficiary.

I verify there are NO CHANGES to my current contact information.

-OR-

Please notify the ASHA below if there are any changes to your contact information:

IMPORTANT!! - PLEASE READ BELOW AND INITIAL THE BOXES	
<i>We value your privacy!...</i>	I Hereby Do NOT 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 by initialing boxes to the right, 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
And member will agree to...	Initial here OR here
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 always abide 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.	AND Initial HERE

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 Here	Term	Amount
<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 *needs* for the following:

I/We wish to receive: (Check left of each option for each mailout)

MAILOUT	Check here if NO ↓		OR	Check here if YES ↓	
	<input type="checkbox"/>	NO (will pick up at the track/do not want any)		<input type="checkbox"/>	YES _____ (#of copies)
STALLION DIRECTORY & STAKES GUIDE	<input type="checkbox"/>	NO (will pick up at the track/do not want any)	OR	<input type="checkbox"/>	YES _____ (#of copies)
YEARLING SALE CATALOGUE	<input type="checkbox"/>	NO (will pick up at the track/do not want any)	OR	<input type="checkbox"/>	YES _____ (#of copies)

FOR OFFICE USE ONLY

Term of Membership - 1 Year 2 Year 3 Year
 Payment Method: Cash _____ Chq# _____ E-Transfer _____ Receipt# _____
 Date Received: _____ ID#: _____