



ASHA APPLICATION

NEW MEMBER 65 years AND/OR non-Canadian Resident

Mail to: Alberta Standardbred Horse Association

#207, 151 East Lake Blvd., Airdrie, AB, T4A 2G1

ph: 403-263-7765 fax: 403-294-1510

This application is for members over the age of 65 *and/or* Non-Canadian residents

(If you are a dual citizen and under 65, please use your Canadian mailing address and the regular application form).

DATE OF APPLICATION: DD/MM/YYYY GENDER

LAST NAME: FIRST NAME:

ADDRESS:

PROVINCE: POSTAL CODE: CITY:

PHONE #'s PRIMARY / ALTERNATE

DATE OF BIRTH: EMAIL:

CHECK OFF ALL THAT APPLY TO YOUR MEMBERSHIP:

Full Membership - \$100.00

OR

Associate Membership - \$25.00

Driver Farrier

Trainer Veterinarian

Owner Tradesperson

Breeder

Groom - Please indicate whom you groom for

Other - Please indicate (I.E. -Special Event, Board Member)

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

** Are you a member/owner of a Stable? Please state the name of the stable(s)

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.

IMPORTANT!! - PLEASE READ BELOW AND INITIAL THE BOXES

We value your privacy!...

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.

And the member will agree to...

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.

I Hereby Do NOT consent

I Hereby Consent

Initial here

OR here

AND Initial HERE

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

<i>Check Here</i>	<i>Term</i>	<i>Amount</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 *needs* for the following:

I/We wish to receive: (**Check left of EITHER NO OR YES for each mailout**)

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

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