



**ASHA APPLICATION for NEW MEMBERSHIP**

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 \_\_\_\_\_

DD/MM/YYYY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

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

Farrier

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

Trainer

Veterinarian

Owner

Tradesperson

Breeder

\*\*Are you a member of a stable  Yes - Name of Stable \_\_\_\_\_

Groom

- Please indicate whom you groom for \_\_\_\_\_

Other

- Please indicate (i.e. - Special Event, NOT HRA, or AA) \_\_\_\_\_

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 Inc., all members participating in racing MUST be full members.

**(PLEASE READ REVERSE BEFORE COMPLETING)**

**► 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:

\_\_\_\_\_  
Signature of Member Date

\_\_\_\_\_  
Signature of Witness Date

Full Legal Name

**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

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
	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:

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

**REGARDING THE BENEFICIARY DESIGNATION SECTION:**

THE SECTION (on the reverse) MUST BE COMPLETED FOR THE LIFE INSURANCE WHICH ASHA PROVIDES COMPLIMENTARY 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 reduces further to \$2,500 upon reaching the age of 75. Benefits **discontinue** at age 80 and honorary membership is granted. If you are over the age of 65, or/and a Non-Canadian resident, and applying for the first time, **DO NOT USE THIS FORM. Please request a +65/non-Canadian ASHA Application Form.** Those who are ineligible for life insurance are required to pay \$100.00 for the liability coverage at any Alberta Racetrack, until the age of 80 years 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.

**(DIRECTIONS ON HOW TO COMPLETE – DO NOT COMPLETE THE AREA BELOW)**

## ▶ BENEFICIARY DESIGNATION ◀

<b>MEMBER: Last Name</b> <span style="background-color: yellow;">YOUR LAST NAME HERE</span>	<b>First Name</b> <span style="background-color: yellow;">YOUR FIRST NAME</span>	<b>Are you in Canada on a Work Visa/Permit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Copy required to enroll in plan.</b>
<b>Beneficiary Designation</b> (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:		<b>▶ Important Note to be read by you! ◀</b> 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.
<b>1) Who do you want to receive your benefits in case of death?</b> Full Legal Name _____ Relationship _____ Share of Proceeds _____ <b>2) _____</b> Full Legal Name _____ Relationship _____ Share of Proceeds _____%		<input checked="" type="checkbox"/> <b>APPLICANT MUST *PHYSICALLY* SIGN &amp; DATE</b> <div style="text-align: center; background-color: yellow; padding: 2px;">***HERE***</div> _____ Signature of Member _____ Date _____
<b>Trustee Designation</b> (complete <b>ONLY</b> 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. <b>I appoint as revocable Trustee to receive any amount which may be due my beneficiary, while such beneficiary is a minor:</b> <div style="background-color: yellow; padding: 2px; text-align: center;"> <b>THIS PERSON IS THE TRUSTEE OF YOUR ESTATE IF THE BENEFICIARY NAMED ABOVE IS A MINOR.</b> </div>		<input checked="" type="checkbox"/> <b>IT MUST BE WITNESSED!</b> _____ Signature of Member _____ Date _____
<b>FOR OFFICE USE ONLY</b> 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# _____		Date Received: _____ ID#: _____