



PERSONAL INFORMATION		OEF #:	EC LICENCE #:
NAME:		RES. PHONE:	
ADDRESS:		BUS. PHONE:	
CITY:		CELL PHONE:	
PROVINCE:	POSTAL CODE:	FAX:	
EMAIL:		WEBSITE:	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> ABORIGINAL <input type="checkbox"/> ATHLETE WITH A DISABILITY This data is used for Ontario Ministry of Health Promotion funding purposes			

MEMBERSHIP January 1 – December 31, 2008 * All fees are non-refundable *

*** THIS MEMBERSHIP WILL NOT BE PROCESSED WITHOUT PAYMENT AND A VALID SIGNATURE AND DATE ***

ADULT 18 years or older as of 01/01/2008 **2008 Membership Fee\$50.00**
 Signature of Member: _____ Date: _____

JUNIOR 17 years or younger as of 01/01/2008 **DOB:** _____ date of birth **2008 Membership Fee\$40.00**
MUST be filled in (yyyy/mm/dd)
 Signature of Parent/Guardian: _____ Date: _____

FAMILY Up to 2 Adults plus 2 or more Juniors in the same family at the same residence. **MUST** include a list of all Adults and Juniors names **AS WELL AS** dates of birth for all Juniors. **2008 Membership Fee\$160.00**

	Names	Date of Birth	Gender	Signatures of Parents/Guardian	Date
Adult 1			<input type="checkbox"/> Male <input type="checkbox"/> Female	X	
Adult 2			<input type="checkbox"/> Male <input type="checkbox"/> Female	X	
Junior 1		____/____/____ YY / MM / DD	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Junior 2		____/____/____ YY / MM / DD	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Junior 3		____/____/____ YY / MM / DD	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Junior 4		____/____/____ YY / MM / DD	<input type="checkbox"/> Male <input type="checkbox"/> Female		

**** for additional Junior members please use reverse side of application****

OPTIONAL PROGRAMS & SERVICES Optional costs for Insurance coverage includes PST & administration fees

HORSE MORTALITY COVERAGE **Insurance Premium \$21.00**
 Coverage for your own horse(s) – insurance covering death of an owned horse resulting from fire, lightning or collision/overtum of a conveyance in which a horse is being transported. This insures up to a limit of \$4,000 and can be applied regardless of the number of horses owned. Losses are restricted to limit/one claim per year.

NEW! ADDITIONAL A.D.D. COVERAGE **Insurance Premium \$30.00**
 Supplement the \$30,000 basic A.D.D. coverage you receive automatically with your membership With an **additional \$50,000 limit that also includes benefits for fracture and dental** (not covered by basic coverage). This coverage will respond *in addition* to the basic coverage provided through membership

NEW! TRAVEL COVERAGE
 Provides \$1,000,000 out of province/country coverage for Medical/Hospitalization. Includes trips up to 60 days in duration, any number of trips per year, worldwide. **Includes participation in and/or preparing for equine activity/competition.**

\$75.00 per member **Spouse:** _____
 \$110.00 per member+spouse - please indicate name at right **Junior:** _____
 \$160.00 Family- Up to 2 Adults plus any number of dependants (17yrs or younger as of 2008/01/01) in the same family at the same residence. Please indicate all names & dates of birth for Juniors at right. **Junior:** _____

RIDE ONTARIO **One Time Registration Fee\$25.00**
 A reward program that recognizes OEF members simply for the hours they spend riding or driving a horse. **MUST** be an OEF member to participate. Just Ride or Drive for Your Prize!

SUBSCRIPTIONS ** OEF MEMBERS SAVE UP TO 55% OFF THESE MEMBER PUBLICATIONS **

** Personal information will be provided to the publishers selected **

<input type="checkbox"/> CANADIAN THOROUGHBRED – 1 YEAR SUBSCRIPTION – 9 ISSUES	\$ 28.00
<input type="checkbox"/> THE CANADIAN HORSE JOURNAL – 1 YEAR SUBSCRIPTION – 6 ISSUES	\$12.72
<input type="checkbox"/> HORSE SPORT – 1 YEAR SUBSCRIPTION – 12 ISSUES	\$ 23.00
<input type="checkbox"/> HORSE-CANADA – 1 YEAR SUBSCRIPTION – 6 ISSUES	\$ 17.50
<input type="checkbox"/> HORSECARE MAGAZINE – 1 YEAR SUBSCRIPTION – 6 ISSUES	\$ 22.00
<input type="checkbox"/> THE RIDER – 1 YEAR SUBSCRIPTION – 10 ISSUES	\$ 17.50
TOTAL:	\$

VOLUNTARY DONATION(S) (minimum \$5.00)

EQUINE GUELPH ** \$: OEF YOUTH BURSARY \$: SADDLE UP FOR SUCCESS \$:

***Personal contact information will be provided to Equine Guelph (EG) for all EG donors. Donations of \$20 or more to EG will receive a tax receipt from University of Guelph.*

DRESSAGE CANADA (if applicable)

Membership provides – Competition Handbook (not included with Associate Membership), lapel pin (new members ONLY), "Collections" Magazine, Dressage Canada e-newsletter & voting privileges for Senior members ONLY (See www.dressagecanada.org for more information)

SENIOR \$25.00 JUNIOR \$15.00(under 18 years of age) ASSOCIATE \$15.00

ONTARIO HUNTER-JUMPER ASSOCIATION (if applicable) **OHJA #:** _____

INDIVIDUAL MEMBERSHIP: SENIOR \$30.00 JUNIOR \$30.00
 All Professional, Junior and Amateur Riders; all Owners as listed in the Horse's Passport

BARN/FARM, BUSINESS, SYNDICATE, PARTNERSHIP: \$30.00
****Note:** If the owner (as per the passport) is a Barn/Farm, Business, Syndicate or Partnership, this entity must become an OHJA member**
 Name: _____ (as listed in the horse's passport)

Voluntary Donation to OHJA in the amount of \$ _____
 Please designate this donation to support the _____ program of OHJA

PRIVACY POLICY

The OEF recognizes the privacy of individuals with respect to their personal information and is committed to ensuring the privacy of its members. The information you provide to the OEF – such as your name, address, etc. – allows the OEF to inform you about events and activities and to notify you of issues, events or special offers which may be of interest to you. By becoming a member or by requesting information or registering for events or courses offered by the OEF, you are giving the OEF permission to contact you by way of the information you provide. Members may choose to customize their communications preferences by contacting OEF Member Services at membership@horse.on.ca or 905-709-6545, ext. 14.

IMPORTANT – Mailing Agreement: I hereby give permission for the OEF to include my contact information in a list which may be used by mail distribution centres for the distribution of information judged by the OEF to be useful to members. The list will be handled in a controlled manner and will not be available for outside commercial purposes that are not affiliated with the OEF.

Cross out this entire paragraph if you do not wish to give permission. NOTE that by doing so you will not receive a copy of WHOA!

IMPORTANT – Publicity Agreement: I hereby give permission to the OEF to use my name or a photo of myself in conjunction with an OEF event being reported in the OEF newsletter, *WHOA!*, and in articles or reports of activities used on the radio or in newspapers, magazines, the OEF website, or other media which may be utilized by the OEF for publicity or communication purposes.

Cross out this entire paragraph if you do not wish to give permission.

NEWSLETTER

Please indicate how you wish to receive your copy of *WHOA!*, the quarterly newsletter - *be sure to read the privacy statement above.*

INDIVIDUAL COPY

ONE COPY PER HOUSEHOLD

VIA MAIL

VIA EMAIL

AFFILIATIONS

Please list all other equine clubs, organizations and associations in which you hold a membership

PONY CLUB MEMBER**

Branch Name:

PRIMARY DISCIPLINE (check only 1)

ENGLISH

WESTERN

DRIVING

SADDLE SEAT

VAULTING

INDUSTRY PARTICIPATION (check all that apply)

BREEDER

RECREATIONAL RIDER

LESSON STABLE

STABLE HAND

TRAINER

COMPETITOR

BOARDING

PARENT

COACH/INSTRUCTOR

HORSE OWNER

GROOM

FARRIER

OFFICIAL

VETERINARIAN

VOLUNTEER

OTHER:

SPECIAL INTEREST AREA(S) (check all that apply)

TRAIL/RECREATION

REINING

RODEO

SPEED EVENTS

WESTERN PERFORMANCE

HUNTER

JUMPER

EVENTING

DRESSAGE

COMPETITIVE TRAIL

TEAM PENNING

CUTTING

SADDLE SEAT

PLEASURE DRIVING

COMBINED DRIVING

THERAPEUTIC

ENDURANCE

VAULTING

FIELD HUNTING

OTHER:

HORSE OWNERSHIP INFORMATION

RENT/LEASE

OWN

How MANY?

BOARD ELSEWHERE

OWN STABLE/FARM

LIVESTOCK MEDICATIONS COURSE

Please indicate if you have completed a Livestock Medications Course

EQUINE

EXPIRY: _____

OTHER COMMODITY: _____

EXPIRY: _____

METHOD OF PAYMENT

MEMBERSHIP

\$

HORSE MORTALITY

\$

CHEQUE

MONEY ORDER

VISA

MASTER CARD

ADDITIONAL ADD

\$

TRAVEL

\$

CARD#:

RIDE ONTARIO

\$

CARDHOLDER:

SUBSCRIPTIONS

\$

DONATIONS

\$

CSV#: last three digits on REVERSE side of card

EXPIRY DATE:

DRESSAGE CANADA

\$

OHJA(Donations+Membership)

\$

SIGNATURE:

TOTAL FEES ENCLOSED

\$

Please mail or fax completed form, along with payment to:

Ontario Equestrian Federation

9120 Leslie Street, Suite 203, Richmond Hill, Ontario, L4B 3J9
 Phone 905-709-6545 • Fax 905-709-1867 • Tollfree 1-877-441-7112
 Email horse@horse.on.ca • Website www.horse.on.ca
 OR Join/Renew online at www.horse.on.ca