



<b>PERSONAL INFORMATION</b>		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			

<b>MEMBERSHIP</b> <i>January 1 – December 31, 2007</i>	<i>* All fees are non-refundable *</i>
<b>* THIS MEMBERSHIP WILL NOT BE PROCESSED WITHOUT PAYMENT AND A VALID SIGNATURE AND DATE *</b>	

<input type="checkbox"/> <b>ADULT</b> 18 years or older as of 01/01/2007	<b>2007 Membership Fee .....\$46.00</b>
Signature of Member: _____ Date: _____	

<input type="checkbox"/> <b>JUNIOR</b> 17 years or younger as of 01/01/2007	<b>DOB:</b> _____ date of birth <b>MUST</b> be filled in (yyyy/mm/dd)	<b>2007 Membership Fee .....\$36.00</b>
Signature of Parent/Guardian: _____ Date: _____		

<input type="checkbox"/> <b>FAMILY</b>	Up to 2 Adults plus 2 or more Juniors in the same family at the same residence. <b>MUST</b> include a list of all Adults and Juniors names <b>AS WELL AS</b> dates of birth for all Juniors.	<b>2007 Membership Fee .....\$140.00</b>
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	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**

<input type="checkbox"/> <b>HORSE MORTALITY COVERAGE – NEW!</b>	Coverage for your own horse(s) – insurance covering death of an owned horse resulting from fire, lightning or collision/overturn 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.	<b>Insurance Premium ..... \$21.00</b>
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<input type="checkbox"/> <b>RIDE ONTARIO</b>	A reward program that recognizes OEF members simply for the hours they spend riding or driving a horse. <b>MUST</b> be an OEF member to participate. Just Ride or Drive for Your Prize!	<b>One Time Registration Fee .....\$25.00</b>
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**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	\$ 22.00/YEAR
<input type="checkbox"/> THE CANADIAN HORSE JOURNAL	\$12.72/YEAR
<input type="checkbox"/> HORSE SPORT	\$ 18.50/YEAR
<input type="checkbox"/> HORSE-CANADA	\$ 14.50/YEAR
<input type="checkbox"/> HORSECARE MAGAZINE	\$ 20.00/YEAR
<input type="checkbox"/> THE RIDER	\$ 17.50/YEAR
<b>TOTAL:</b>	<b>\$</b>

**DRESSAGE CANADA (if applicable)**

<b>Membership provides</b> – 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)		
<input type="checkbox"/> SENIOR \$25.00	<input type="checkbox"/> JUNIOR \$15.00 (under 18 years of age)	<input type="checkbox"/> ASSOCIATE \$15.00

**VOLUNTARY DONATION(S) (minimum \$5.00)**

<input type="checkbox"/> EQUINE GUELPH ** \$:	<input type="checkbox"/> OEF YOUTH BURSARY \$:	<input type="checkbox"/> SADDLE UP FOR SUCCESS \$:
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*\*\*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.*

**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](mailto: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**

**NEW!** We now require your CSV#, which is the last three digits found on the **REVERSE** side of your credit card.

MEMBERSHIP

\$

CHEQUE

MONEY ORDER

VISA

MASTER CARD

HORSE MORTALITY

\$

RIDE ONTARIO

\$

CARD#:

SUBSCRIPTIONS

\$

CARDHOLDER:

DRESSAGE CANADA

\$

DONATIONS

\$

CSV#

EXPIRY:

**TOTAL FEES ENCLOSED**

\$

SIGNATURE:

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](mailto:horse@horse.on.ca) • Website [www.horse.on.ca](http://www.horse.on.ca)  
 OR Join/Renew online at [www.horse.on.ca](http://www.horse.on.ca)