

Equine Mounted Games Canada
a member of International Mounted Games Association (IMGA)
ONTARIO REGION | ALBERTA REGION
2017 Membership Application

Member Information				<input type="checkbox"/> New Membership	<input type="checkbox"/> Renewal
First Name:		Last Name:			
Address:		City:	Province:	Postal Code:	
Phone:		Email:			
DOB: <i>(dd/mm/yy)</i>		OEF #/AEF #: <i>*REQUIRED</i> <i>Please attach photocopy of 2017 membership.</i>			
Emergency Contact & Phone:					

Riding Experience: years	Mounted Games Experience: years
Previous Health or Injury Problems:	

Membership	
<input type="checkbox"/> Individual \$65	
<input type="checkbox"/> Family; Share same address (1st member \$65; \$55 each additional member) <i>*Please fill out a separate membership form for each member and send together</i>	
<input type="checkbox"/> Associates \$15 <i>Non-riding Membership with voting privilege</i>	
<input type="checkbox"/> One-time Temporary membership \$10 (valid for 1 show/year)-OEF membership req'd	
2017 Membership Renewals due by December 31, 2016 <input type="checkbox"/> Post December 31, 2016 Late Fee \$20	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Email Money Transfer
Total Membership Fees	\$

NOTE: All NSF cheques will be charged a \$25 administration fee. Membership privileges will be suspended until fees paid in full.

Consent

- I allow my contact information to be shared with other EMGC members on an as needed basis.
- I allow my email to be apart of the EMGC members only group list, which is used to communicate information regarding the association, competitions, and updates.
- I allow EMGC to use photographs with my image for communication and promotional purposes.
- I agree to read, understand, and abide by EMGC Inc. by-laws and policies and the rules and policies of IMGA.

Signature:

Date:

Members Waiver and Acceptance of Risk Form

PLEASE READ CAREFULLY
THE FOLLOWING WILL AFFECT YOUR RIGHTS AND LIABILITIES

I request permission to participate in horseback riding and other Equestrian related activities organized and operated by EQUINE MOUNTED GAMES CANADA INC. I fully understand that horseback riding, handling and grooming of horses and other stable activities are very dangerous. I wish to participate in these activities knowing that they are dangerous. I accept and assume all risks of injury (including death) to me or my property. In exchange for being permitted to participate in these activities, for myself, my heirs, guardians and legal representatives, I release and agree not to make or bring claim of any kind against EQUINE MOUNTED GAMES CANADA INC., or officials, servants, employees, representatives, officers, and directors for any injury (including death), to me or any damage to my property, arising out of my participation in these dangerous riding or related activity.

Print Name of Rider:

Signature of parent or legal guardian if rider is under the age of 18 years old

Date:

Signature of rider 18 years and older

Date:

Please Find Your Region Below For Mailing Address and Additional Information.

ONTARIO REGION

Please make all Cheques payable to *"Mounted Games of Canada"*
Email Money Transfer to: emgcpayments@gmail.com

Completed Membership forms and payment can be mailed to:

Equine Mounted Games Canada Inc. OR email to: jconner@connerandconner.ca
c/o Jodi Conner
10-1195 Stellar Drive
Newmarket, ON L3Y 7B8

For any questions or concerns, please contact Jodi Conner: jconner@connerandconner.ca

ALBERTA REGION

Please make cheques payable to: *"Mounted Games Canada-Alberta Division"*

Completed Membership forms and payment can be mailed to:

Mounted Games Canada- AB Division
c/o Shelby Masse
21448 Hwy 14
Sherwood Park, AB
T8E 1G9

For any questions or concerns, please contact Shelby Masse at smasse@live.com
Or (780)660-9041