

## BCTCPA – BRITISH COLUMBIA TEAM CATTLE PENNING ASSOCIATION 2022 MEMBERSHIP

### INFO

- Return this completed (and signed) form to: Tammy Harmatuik (Membership Secretary) by either: email to [bctcpaclub@gmail.com](mailto:bctcpaclub@gmail.com), OR text pictures to 604 819 4062, OR, by regular mail, BCTCPA Membership, PO Box 2564 Sardis Stn Main, Chilliwack, BC, V2R 1A8
- Easiest way to pay is via **E-TRANSFER** to [bctcpapayments@gmail.com](mailto:bctcpapayments@gmail.com) (use “membership” as security password)
- Or, by **cheque**, make payable to **BCTCPA** and mail to:  
% BCTCPA Membership, PO Box 2564 Sardis Stn Main Chilliwack, BC, V2R 1A8
- Membership **MUST BE PAID BEFORE** you ENTER your first penning of the year.
- ALL riding BCTCPA members **must also be a current member of either HCBC (Horse Council of BC) or AEF (Alberta Equestrian Federation), or an affiliated provincial body that provides 3rd Party Liability Coverage**
- If you are NOT a new member, there is a **\$50 late fee** for memberships submitted AFTER **Feb. 15th, 2022**
- If you are new to Penning, a **New Member Rating Classification Form** must also be filled out/ sent in
- Any questions, please email us at: [bctcpaclub@gmail.com](mailto:bctcpaclub@gmail.com)
- **Membership Expires Dec. 31/2022**

### INFORMATION

name: (first last)	_____ check here if you do NOT want your number listed on the Membership page of the web site	
email:	phone:	
street address:		
mailing address:		
city:	prov/state:	postal/zip:
date of birth: (mm/dd/yyyy)	home club:	current rating:
<b>HCBC: Horse Council BC (or Provincial Equivalent) Membership is mandatory for all BCTCPA members</b>		
BC Horse Council or AEF#	expiry date:	

### MEMBERSHIP DETAILS

Details	Price	Qty	TOTAL
BCTCPA - Family (includes 2 adults and youth upto 16yrs old)	\$75.00		
BCTCPA – Adult (17yrs +)	\$35.00		
BCTCPA – SR Youth (13-16yrs)	\$25.00		
BCTCPA – JR Youth (12yrs & under)	\$0.00		
<b>You MUST have a CTCPA (Canadian Team Cattle Penning Association) membership in order to have a rating number</b>			
CTCPA – Adult	\$40.00		
CTCPA – SR Youth (13-16yrs)	\$10.00		
CTCPA – JR Youth (12yrs & under)	\$0.00		
<b>TOTAL</b>			

### ADDITIONAL FAMILY MEMBERS

name: (First, Last)	date of birth: (mm/dd/yyyy)	current rating:	HCBC or AEF#'s:


**RELEASE & WAIVER**

I, undersigned, acknowledge that competition through the British Columbia Team Cattle Penning Association involves inherent risk of injury and accordingly, I hereby release the British Columbia Team Cattle Penning Association and its officers, members, agents, employees, representatives and any and all of them, from any and all claims, demands, actions or causes of action, of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue in favor of me, my heirs, representatives or dependents, including loss of property, animate or inanimate, belonging to me or used by me and I hereby assume and accept the full risk of any and all danger or any hurt, injury, or damages which may occur through or by any reason or any matter, thing or condition, negligence or default of any person, during my involvement in this activity.

**PRIVACY ACT PROVISIONS**

This organization is committed to the protection of the privacy of its member's personal information. "Personal information" includes a member's name, phone number, rating, dollars earned, points earned, photographs, video and print references. Such personal information may be disclosed on the BCTCPA website or affiliated websites, newsletters, flyers and calendars and is disclosed to the NTS and NTPC. All or some of this information may also be used for promotional purposes, as well as being released to newspapers, magazines, radio and television stations through press releases and online media. BY BECOMING A MEMBER OF THIS ORGANIZATION, I CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF THE FOREGOING PERSONAL INFORMATION AS SET OUT ABOVE.

**SIGNATURES**

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature:	Date:
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Print Name:

Guardian's Signature (required if 18 or under):

Additional Signature:

Additional Signature:

Additional Signature:

