



HBPA

MEMBERSHIP FORM

MEMBERSHIP – OWNER AND/OR TRAINER

A valid Alcohol and Gaming Commission of Ontario (AGCO) license is required for Membership and to receive benefits provided by the association. Should you have any questions or if you would like further details, please contact your local HBPA office.

FIRST NAME: _____ LAST NAME: _____

STABLE NAME: _____

LICENSED AS: _____ AGCO LICENSE #: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

I AM A MEMBER OF THE HORSEMEN'S BENEVOLENT AND PROTECTIVE ASSOCIATION OF ONTARIO (HBPA). I UNDERSTAND THAT I AM ENTITLED TO ALL BENEFITS ESTABLISHED BY THE HBPA FOR ITS MEMBERS.

SIGNATURE OF APPLICANT: _____ DATE: _____

EACH PARTNER IN THE STABLE MUST SIGN INDIVIDUAL FORMS

***VISIT OUR WEBSITE: WWW.HBPA-ONTARIO.COM FOR A LIST OF MEMBERS
BENEFITS AND SERVICES***