OWNER/GROOM APPLICATION

2150 Meadowvale Blvd.
Mississauga, ON L5N 6R6
Tel: 905-858-3060
Fax: 905-858-3111
www.standardbredcanada.ca

This application is to be completed by those applying for a GROOM licence for the first time or by those who have failed to renew their licence in the prior year. Please note that fees are prorated in accordance with Standardbred Canada's birthdate renewal system relative to application date.

MEMBERSHIP TYPE

Groom only ☐ **Owner/Groom** ☐

Last Name	First Name	Initial	**SC Membership #**
Street & No.	Apt.	P.O. Box	RR
City/Town	Province		Postal Code
Telephone (Res)	Telephone (Bus)	Facsimile	Email
Date of Birth *Day / Month / Year*	☐ Male ☐ Female	☐ English ☐ French	
If you are or were a USTA member, what was the last year?		Membership #	
How long have you groomed harness horses?	Was this part-time?	Full time?	
Name some horses you have groomed:			
If presently employed in harness racing, who is your employer?			
Name	City/Prov	How long employed?	Part-time? Full time?
Who was your previous employer?			
Name	City/Prov	How long employed?	Part-time? Full time?
If applying for an owner/groom licence, name some horses you currently own or have owned:			
Do you wish to add TrackIT access to your membership for an additional fee? (Owner/grooms only, if yes please visit http://trackit.standardbredcanada.ca to sign up.)		Yes ☐	No ☐

I hereby certify that all information provided on this application is true and that any false answers or statements made by me can be considered grounds for denial or revocation of membership. I agree to abide at all times by the By-Laws and Regulations of Standardbred Canada. I agree and consent to the terms of the Privacy Agreement of Standardbred Canada, a copy of which is published on Standardbred Canada's website and available to me in print on request. I understand that I must give my consent to the release by Standardbred Canada of my contact information including address and telephone number when such disclosure is not related to Standardbred Canada's objects and mandate. I hereby consent ( ) OR do not consent ( ). By signing this document, I formally request the receipt of Trot Magazine, SC's official publication.

Signature **Date**

Complete <u>only</u> if paying by Visa or MasterCard

Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date ☐☐ Month ☐☐ Year

Name appearing on card _____ Signature of cardholder _____ Date _____