



2017 Club/Association Membership Application

Fee: \$50, payable to NSEF
(expires December 31st, 2017)

It is hereby understood that any club, group, etc., completing the attached application, agrees to support and abide by the aims and objectives of the NSEF as stated below. ALL SECTIONS OF THE ATTACHED MUST BE COMPLETED BEFORE THE APPLICATION CAN BE APPROVED.

(Please type or print)

1. NAME OF CLUB/ASSOCIATION: _____

2. NUMBER OF MEMBERS IN CLUB/ASSOCIATION LAST YEAR: _____

DOES YOUR CLUB HAVE A WEBSITE? IF YES, THE CLUB'S WEBSITE ADDRESS IS:

Please note that the President and Director's contact information for the club will be posted on the NSEF website, NSEF Member Club Handouts, Calendar of Events, etc. If there is a particular piece of the individuals' information below that you do not want published please make a note indicating this and it will not be included in the public information.

3. PRESIDENT'S NAME: _____

ADDRESS _____

POSTAL CODE _____ E-MAIL: _____

TELEPHONE: (H) _____ (O) _____

4. SECRETARY'S NAME: _____

ADDRESS _____

POSTAL CODE _____ E-MAIL: _____

TELEPHONE: (H) _____ (O) _____

5. NSEF DIRECTOR: **(MUST BE A PAID NSEF MEMBER OF CURRENT YEAR.)**

a) This person will receive all correspondence from the Nova Scotia Equestrian Federation Office directed to your Club/Association.

b) There is one Director of Clubs on the NSEF Board of Directors. She/he is your representative on the NSEF Board. If you have any concerns or proposals for the board, you can contact the director for assistance. The individual you appoint to this position **must be a Nova Scotia Equestrian Federation member** and the individual must also be a paid member of your Club/Association.

NAME: _____

ADDRESS _____

POSTAL CODE _____ E-MAIL: _____

TELEPHONE: (H) _____ (O) _____

6. CLUB EMAIL CONTACT: The majority of club updates are sent via e-newsletters to the email addresses of the club director and/or president. Please indicate if there is an individual who should be receiving emails in addition to the Club Director (i.e. treasurer or a club director who is active on email):

Name: _____ Position: _____

Email: _____

PLEASE ENSURE YOU ALSO COMPLETE THE REVERSE SIDE OF THIS FORM

- 7. Is your club/association registered under the Societies Act in Nova Scotia? YES ___ NO ___ (Please check one)
- 8. Does your club/association carry Commercial General Liability Insurance? YES ___ NO ___ (Please check one)

A current copy of the policy must be submitted to NSEF and a copy of the renewal/new coverage must be submitted if the current policy expires during 2017 or have your insurer fax it to (902) 425-5606 Attention: NSEF (If your policy expires during the 2017 calendar year please ensure your renewed certificate is forwarded to NSEF when it is available.)

Please be reminded that as an associate club of Nova Scotia Equestrian Federation, your club is required to have in place **commercial general liability insurance** to cover all of your activities, with a minimum coverage limit of \$2,000,000. The policy is to **include NSEF as an "additional insured"**. You must provide NSEF with a Certificate of Insurance to prove you have this coverage. If you have any questions about this requirement, you should contact your insurance provider. Your insurance provider will know how to fulfill this requirement and will most likely be willing to forward the Certificate of Insurance to NSEF on your behalf.

- 9. Please attach a copy of your Club's Constitution. If this is not available, please provide us with your Club's Aims and Objectives and their Membership Guidelines in the space below (Attach additional sheets if necessary)

AIMS AND OBJECTIVES: _____

MEMBERSHIP GUIDELINES: _____

- 10. To help us complete our government reporting which will help us develop programs for member clubs and individual members, please provide us with the following information for your club on a yearly basis. You can either submit the information as it happens or once a year by emailing nsefmembership@sportnovascotia.ca.

- Coaching Clinics - date, location, number of participants
- Officials Clinics - date, location, number of participants
- Athlete Development Clinics - date, location, number of participants
- Athletes competing at Regional, National, International Competitions/Championships - Athlete name, Competition/Championship Name, Location, Date, and Athlete Results
- Athletes recognized for potential competitive recognition - long or short listed for National teams
- Award Recognition - Name of Award Recipient, type of award, date received (i.e. Governor's Award, Volunteer Recognition Award, Coaching Award)
- Officials from your club who judge, steward, or course design and at what level (Local, Inter-Provincial, Breed Shows, National)

I (we) the undersigned have read and understand the content of this application form, agree to abide by the Aims and Objectives of the NSEF and confirm that the information given is true and accurate.

Signed

Position

Date

Signed

Position

Date

OFFICE USE ONLY RECEIVED: Constitution or Aims/Objectives/Mbr Guidelines: _____		
Director's NSEF # _____	Payment : _____	Payment Type: _____
Club Insurance: _____	Insurance Expiry Date: _____	Date Sent for Approval: _____
DATE APPROVED _____	APPROVED BY _____	Package Sent: _____

BENEFITS OF NSEF CLUB MEMBERSHIP

Club Member Benefits/Services

- **Club listing** on the NSEF Website;
- **Promotion** of your clubs events, competitions, clinics on the NSEF website and at NSEF participated trade shows/fairs;
- **Club Recognition Program** provides three certificates of recognition to individuals you select. They may be for volunteers, junior achievement, and/or sponsors, (whatever you decide). Simply send us the names and what they are being recognized for and the date that they will be presented. We will print the certificates and mail them directly to you. We will also print certificates for your year-end competition award winners, if applicable.

In partnership with Sport Nova Scotia and Recreation Nova Scotia:

- **Administrative Services (cost recovery):**
 - Printing – High Speed Copier, Spot Colour Copier
 - Desk Top Publishing – Scanning, Logos/Graphics
 - Press Release Service – To all media within the province
- [Sport Nova Scotia Travel Program](#) (discount on vehicle rental, Airline, Accommodations)
- **Fundraising/Funding Initiatives**
- [Sportsweep \(Fall/Winter\)](#) and [Sportsweep \(Spring/Summer\)](#) Tickets - club/association retains 75% of ticket sales. This is the easiest fundraiser you'll ever organize!
- [Lucky Duck Lotto](#) – Ticket sales
- [Amateur Sport Fund/Support 4 Sport](#) - Member clubs/associations may access funding for facility upgrading, clinics/seminars, equipment through Sport Nova Scotia. Please check with the NSEF office for assistance with these funding initiatives as there are specific guidelines and application deadlines.

For more information please contact the NSEF Office:
902-425-5450 ext. 337 or nsefmembership@sportnovascotia.ca

The NSEF INDIVIDUAL/FAMILY Membership Application for individuals is available on the NSEF Website. If you would like information on the benefits of an Individual NSEF Membership, please go to the Membership section of the NSEF Website or contact the NSEF Office.

www.horsenovascotia.ca



5516 Spring Garden Road, 4th Floor Halifax, NS, B3J 1G6

Phone: (902) 425-5450 Fax: (902) 425-5606 www.horsenovascotia.ca

Executive Director: Heather Myrer, Ext 333 nsef@sportnovascotia.ca

Program Coordinator: Sheila Currie, Ext 337 nsefmembership@sportnovascotia.ca

Technical Director: Gidget Oxner, Ext 342 nseftd@sportnovascotia.ca

NSEF Committee Interest Form

NSEF is a vibrant organization thanks to its many volunteers who dedicate their time and expertise on one or more of its many committees. One of our 2013/18 Targets is to ensure that our committees are comprised of 60% non-board members. (In 2014, committees comprised of 36% non-board members.) After the AGM, Committee Chairs seek interested members to populate vacant positions. If you are interested in volunteering your time on one or more of the NSEF Committees listed below, please complete this Interest Form and submit to the NSEF Office.

First Name	Last Name	
Address	City/Province	Postal Code
Daytime Phone	Primary Email	NSEF#

Which Committees are you interested in? Please indicate any committee in which you are interested.

- CIEC/TEAM NS Committee
- By-Law/Policy Committee
- Sponsorship Committee
- Recreation Committee
- Equine Health and Welfare Committee
- Competitions Committee
- Multi-Discipline Coach Sub-Committee
- Other NSEF Ad-hoc Committees, as necessary

Please give us some information on why you would like to volunteer on the above committee(s):

Please check all of the following skills/experience you feel you can provide to the committee(s):

- | | | |
|--|--|---|
| <input type="checkbox"/> Topic Knowledge | <input type="checkbox"/> "Ideas" Person | <input type="checkbox"/> Computer Programs |
| <input type="checkbox"/> Long-Term Athlete Development | <input type="checkbox"/> Sport Development | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Industry Knowledge | <input type="checkbox"/> Equine Health & Welfare | <input type="checkbox"/> Event/Meeting Management |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Board Training | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Para-Equestrian | <input type="checkbox"/> Coaching | <input type="checkbox"/> Officials |
| <input type="checkbox"/> Team-Building | <input type="checkbox"/> Volunteer Management | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Other: please specify _____ | | |