



**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 license for the first time or by those who have failed to renew their license in the prior year. Please note that fees are prorated in accordance with Standardbred Canada's birthdate renewal system relative to application date.
***** Please visit our website for the Insurance Benefit Brochure *****

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 <small>Day / Month / Year</small>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> English	<input type="checkbox"/> French
If you were or are an UTSA 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/Province	How long employed?	Full time?	Part time?
Who was your previous employer?				
Name	City/Province	How long employed?	Full time?	Part 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 <input type="checkbox"/>	No <input type="checkbox"/>
I agree and consent to the terms of the Privacy Agreement of Standardbred Canada, a copy of which is published on the Standardbred Canada website and available to me in print on request. I understand that I must give my consent for Standardbred Canada to release my contact information, including address and telephone number, when such disclosure is not related to Standardbred Canada's objects and mandate.				
I hereby consent []				
To allow Standardbred Canada to release my contact information including address and telephone number, when such disclosure is not related to Standardbred Canada's objects and mandate. I hereby certify that all information 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.				
Signature		Date		
Complete <u>only</u> if paying by Visa or Mastercard				
Card No.			Expiry Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____ Name Appearing on card		_____ Signature of Cardholder		_____ Date