



2018 AERC Membership Registration

2018 AERC Ride Year: Dec. 1, 2017 – Nov. 30, 2018 • Questions? Call AERC at 866-271-2372 or email office@aerc.org

By submitting this application you agree all information provided regarding you and/or your family member(s) is correct and you agree to abide by all AERC rules.

15% NEW MEMBER DISCOUNT Courtesy of EasyCare Inc. for first-time members and those who last joined prior to 2013 season					
DATE / /	<input type="checkbox"/> RENEW MY MEMBERSHIP <input type="checkbox"/> I'M A NEW MEMBER (\$63.75 with EasyCare Inc. discount)		<input type="checkbox"/> EN SUBSCRIPTION ONLY <small>(Subscription included with Full, Vet & Youth only memberships)</small>		ARE YOU A VETERINARIAN? <input type="checkbox"/> Yes <input type="checkbox"/> No
PRIMARY MEMBER: <input type="checkbox"/> Full <input type="checkbox"/> Vet/Control Judge only	NAME	AERC #	BIRTHDATE / /	WEIGHT DIV.*/JR.**	
ADDRESS				REGION	
CITY		STATE	ZIP	COUNTRY (if other than U.S.)	
HOME PHONE		WORK/MOBILE PHONE	E-MAIL ADDRESS		
FAMILY MEMBER: Primary member's: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Child <input type="checkbox"/> Other	NAME	<input type="checkbox"/> Full Member <input type="checkbox"/> Non-riding Member	AERC #	BIRTHDATE / /	WEIGHT DIV.*/JR.**
E-MAIL:					
FAMILY MEMBER: Primary member's: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Child <input type="checkbox"/> Other	NAME	<input type="checkbox"/> Full Member <input type="checkbox"/> Non-riding Member	AERC #	BIRTHDATE / /	WEIGHT DIV.*/JR.**
E-MAIL:					
FAMILY MEMBER: Primary member's: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Child <input type="checkbox"/> Other	NAME	<input type="checkbox"/> Full Member <input type="checkbox"/> Non-riding Member	AERC #	BIRTHDATE / /	WEIGHT DIV.*/JR.**
E-MAIL:					
LIFETIME EQUINE REGISTRATION – First equine registration is free to each member; for any additional equines registered: \$20 each. Fill in only if you are registering a new equine with AERC. If the equine(s) being registered has completed any AERC-sanctioned rides, please include a list with ride name/distance/rider/date/placing on a separate piece of paper so the equine will be properly credited for mileage. (List additional equines on back of this form.) Phone the office if you are transferring equine ownership from another AERC member—there is no charge for transfers.					
EQUINE'S NAME			EQUINE'S NICKNAME		FOAL DATE / /
GENDER	COLOR	BREED	BREED REGISTRY	REG. I.D. #	

2018 Membership	<i>Renewal</i>	<i>New</i>		
	\$75	\$63.75		\$ _____
Addl. Full Adult Family Member(s)	___ @ \$50	___ @ \$42.50		\$ _____
Any family member age 18 or older on 12/1/17				
Addl. Youth Family Member(s)	___ @ \$20	___ @ \$17.00		\$ _____
Any family member age 17 or younger on 12/1/17				
Addl. Non-Riding Family Member(s)	___ @ \$20	___ @ \$17.00		\$ _____
Day member fees apply if member enters an AERC ride				
Youth Only Member (under 18 years old as of 12/1/17; includes EN subscription)....				\$ _____
Vet/Control Judge Only Member (includes EN subscription).....				\$ _____
International Address Canada: \$20; Other countries: \$40				\$ _____
AERC-International Member(s) (___ @ \$15 indiv./\$40 family)				\$ _____
Zone: <input type="checkbox"/> Northeast <input type="checkbox"/> Southeast <input type="checkbox"/> Central <input type="checkbox"/> Mtn <input type="checkbox"/> Pac North <input type="checkbox"/> Pac South				
Green Bean Program (for riders with 1,000 or fewer miles/ Sign up at AERC.org/2018GB – \$15)				
Equine Registration (after 1st horse)			(___ @ \$20)	\$ _____
12 Issue EN Subscription only				\$ _____
Donation: <input type="checkbox"/> Education <input type="checkbox"/> Research <input type="checkbox"/> Trails <input type="checkbox"/> International				
<input type="checkbox"/> Junior Scholarship Fund <input type="checkbox"/> Other: _____				\$ _____
Gold Membership: Includes \$1 million personal excess liability coverage provided by Equisure, Inc. Add \$20 for primary member; add \$40 to insure all AERC family members. U.S. residents only.			Primary: \$20; Family: \$40	\$ _____
Total (U.S. funds only)				\$ _____

***WEIGHT DIVISION
(COMPUTED WITH TACK)**

- Featherweight 160 lbs. & under
- Lightweight 161-185 lbs.
- Middleweight 186-210 lbs.
- Heavyweight 211 lbs. & over

****JUNIOR FOR 2018 SEASON:**

- Under 16 years old on 12/1/17
- (Born before 12/1/01)

PAYMENT
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card: Visa or M/C only:
Exp. Date ___ / ___ CVV ___

Return to: AERC P.O. Box 6027 • Auburn, CA 95604 Fax 530-823-7805



AERC Release Form

Each adult AERC member (18 or older): Please read over the following, sign, and return to the AERC office by fax (530-823-7805) or mail (P.O. Box 6027, Auburn, CA 95604). Thank you!

As an AERC member, I realize that I can help the AERC be an effective organization and achieve its purposes by releasing information and rights as follows:

1. Liability Release: I understand that endurance is an inherently dangerous sport which can result in serious injury or death to my horse or to me. I know that I have primary responsibility for what happens to me and my horse. I agree not to make any claims against or sue the AERC for any losses or damages for bodily injury, death or property damage for me or my horse negligently caused by the AERC.

2. Publicity Release: I authorize the AERC to use photographs of me and my horse and otherwise refer to me or my horse in articles and advertisements for the purpose of reporting on or promoting the AERC and the sport of endurance riding.

3. Veterinary Records: If my horse is injured or dies at an endurance ride or in relation to an endurance ride, I authorize the AERC to interview the veterinarian who treated my horse, to inspect relevant veterinary records, and publish a report for educational purposes.

4. This AERC Assumption of Risk and Release is governed by the Laws of the State of California and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AERC, its officers, directors, employees, volunteers or agents shall be in the local district courts or the federal court of the State of California. If any part of this agreement is determined to be unenforceable, all other parts shall remain in effect.

Head Member:

Print Name	Signature	AERC #	Date
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Additional Family Members (18 or older):

Print Name	Signature	AERC #	Date
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Print Name	Signature	AERC #	Date
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Print Name	Signature	AERC #	Date
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