Membership Verification Request Form

Equestrian Nova Scotia allows event organizers or clubs (from this point forward referred to as user) to verify memberships if required for their event/group. This confidential verification access is given to the user in order to check for the particular purpose which requires a membership and cannot be used for personal or other individual use. Improper use of this access will result in access being taken away and possible further sanctions by Equestrian NS Board of Directors.

If you find a member who is Not In Good Standing,said member must contact our office to resolve any items related to this status and will be updated upon resolution. Proof of resolution may be provided to the member or verification user if the event/user does not have on-line access at time of need.

To be given access to membership verification, the user must complete this request form and submit to nsefservices@sportnovascotia.ca ,fax at 902-425-5606 or mail to Equestrian NS 5516 Spring Garden Rd, 4th Floor Halifax, NS B3J 1G6.

Details for Event Verification

Name of Event: _____

Date(s) of Event: _____

Registration period: date begins: _____ Ends:_____

Group Details for Event Organizer/User Verification

Club or Group: _____

Main registration period: _____

Membership Verification Format (Please check one)
   o I have internet access for the pre-event registration and at the event site
   o I have internet access for the pre-event registration but not at the event site
   o I do not have internet access for the pre-event registration and at the event site

Agreement

I represent this event or group and wish to receive access to membership verification for the purpose of checking memberships for this event/group. I understand that the purpose of accessing this membership verification is specific to this event or group and is confidential. I understand that improper use of this access will result in loss of access and possible further sanctions by the NSEF Board of Directors.

Name (printed): _____

Signature: _____Date Signed: _____

Equestrian NS number _____

Office use only:
Date received:_____
Approved: Yes/No
Date Approved:_____
Staff signature:_____