

Office Use Only: Membership Type \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Check # \_\_\_\_\_ Rec'd  
 by \_\_\_\_\_ SR# \_\_\_\_\_ created 10/1/2011



## Ohio Horseman's Council, Inc.

### Membership Application for Year 20 \_\_\_\_\_

*(Membership is from January 1 to December 31)*

( ) New ( ) Renewal

Please Print clearly or type

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Spouse: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Primary County: \_\_\_\_\_ or ( ) At Large

The Corral and State Newsletter are included in your membership fee.

**Email:** \_\_\_\_\_

I do **not** want to receive the Corral.  I do **not** want to receive the State Newsletter.

OHC Basic Membership (Without Equine Excess Liability Insurance)				
Type <i>please circle your choice</i>	Membership Fee	Chapter Charge		Total
Individual (1) / Student /Senior (65 as of Jan 1)	15.00			15.00
Family (2)/Senior (both 65 as of Jan 1)	25.00			25.00

OHC Plus Membership (With Equine Excess Liability Insurance)				
Type <i>please circle your choice</i>	Membership Fee	Chapter Charge	Insurance	Total
Individual (1)/Senior (65 as of Jan 1)	15.00		20.00	35.00
Individual with minor children (under 18 as of Jan 1)	25.00		20.00	45.00
Family (2) (with or without minor children)	25.00		40.00	65.00

If family membership, list **names and ages** of dependents (this is needed for insurance purposes).

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_  
 (Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age)

Associate Membership		
No. of Members	Membership Fee \$30.00	Association President/Chairperson:

**Your application cannot be accepted without your original signature(s). If Family membership, both spouses/partners must sign; if Individual membership, applicant must sign; if Student and under 18, parent or guardian must sign. Also date this document. By signing this document, I(we) agree to the terms and conditions of the By-Laws of the Ohio Horseman's Council, Inc.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Make checks payable to: Ohio Horseman's Council [www.ohiohorsemanscouncil.com](http://www.ohiohorsemanscouncil.com)

Send to: Sheila Craft, OHC State Treasurer (At Large only)  
 7356 Twp Rd 119  
 Fredericktown, OH 43019-9244

Membership Card Issued By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Secondary Member's Primary County: \_\_\_\_\_

SECONDARY MEMBERSHIP			
<i>(Must have primary membership in another county)</i>			
TYPE	Chapter Fee	Chapter Charge	Total
Single	\$2.00	\$0.00	\$2.00
Family	\$4.00	\$0.00	\$4.00