State Office Use: Member I.D. _____ Type _____ Date Rec'd _____ Check # _____ SR# _____

Ohio Horseman's Council, Inc.

Membership Application for Year 2016

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

Lorain County Chapter

( ) New ( ) Previous Member ***Please Print clearly or type***

Name: _____Age:_____ Phone: ( ) _____

Spouse/Partner/Other: _____ Age: _____ Cell Phone: ( ) _____

Address: _____ City: _____State: ____ Zip: _____

☐ Address Above is a Change of Address

Email: _____

We (I) own _____ horses.

The Corral and Newsletter are included with your membership.

☐ I do **not** want to receive the Corral

I want to receive the State Newsletter by ☐ Email ☐ By Postal Mail

If family membership, list **names and ages** of dependents residing in your household. No one can be included unless they live in your household. If member is listed above, do not include in this space.

1._____ ____ 2. _____ ____ 3. _____ ____ 4. _____ ____
(Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age)

OHC **Basic** Membership **(Without Equine Excess Liability Insurance)**				
Type (*please circle your choice)*	**Membership Fee**	**Chapter Charge**		**Total**
Individual (Age 18 or older; No dependents)	$20.00	$10.00		$30.00
Youth (under age 18; parental/guardian signature required)	$20.00	$10.00		$30.00
Family (Spouse/Partner/Other and/or dependents)	$30.00	$10.00		$40.00

OHC **Plus** Membership **(With Equine Excess Liability Insurance)**				
Type (*please circle your choice)*	**Membership Fee**	**Chapter Charge**	**Insurance**	**Total**
Individual (18 or older; No dependents)	$20.00	$10.00	$20.00	$50.00
Family (Spouse/Partner/Other and/or dependents)	$30.00	$10.00	$40.00	$80.00

Associate Membership (List Association Name at top of form) **(Open to groups or individuals desiring to support OHC; must be affiliated with and sponsored by a chapter.)**		
No. of Members_____	Membership Fee $35.00 + chapter fee	Association President/Chairperson:

Primary applicant(s) must sign. Parent or guardian must sign in addition to applicant under age 18. Please 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: _____

For Chapter Use Only

Make checks payable to: Lorain County OHC
Send to: Sandra Shudy, Membership
41267 Webster Rd.
LaGrange, OH 44050
Membership Questions: Sandy Shudy, PH 440-225-2457
Email: horsecrazy5923@windstream.net

SECONDARY MEMBERSHIP *(Must have primary membership in another county)*			
TYPE	**Chapter Fee**	**Chapter Charge**	**Total**
Individual	$3.00	$10.00	$13.00
Family	$5.00	$10.00	$15.00

Membership Card Issued By: _____ ***Date:*** _____
Insurance Card Issued By: _____ ***Date:*** _____
Insurance Certificate Issued By: _____ ***Date:*** _____

Secondary Member's Primary County:_____

Application & Membership Fees Plus any Liability Insurance Fees Received by OHC Officer: ____ ***Check #:*** _____ ***Cash:*** _____ ***Date:*** _____

Rev: 08/15 bg *(Initial)* **www.ohconline.com**