

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



Ohio Horseman's Council, Inc.

Membership Application for Year 2018

(Membership Year is from January 1 to December 31)

() 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

The Corral and Newsletter are included with your membership.

Email: _____ I do **not** want to receive the Corral

We (I) own _____ (No.) equine

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 OR check your choice)	Membership Fee	Chapter Charge	Insurance	Total
Individual (Age 18 or older; No dependents)	\$20.00	\$0		\$20.00
Youth (under age 18; parental/guardian signature required)	\$20.00	\$0		\$20.00
Family (Spouse/Partner/Other and/or dependents)	\$30.00	\$0		\$30.00
OHC Plus Membership (With Equine Excess Liability Insurance)				
Type (please circle OR check your choice)	Membership Fee	Chapter Charge	Insurance	Total
Individual (18 or older; No dependents)	\$20.00	\$0	\$20.00	\$40.00
Family (Spouse/Partner/Other and/or dependents)				
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 charge	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:
Send to:

Membership Card Issued By: _____ Date: _____

Insurance Card Issued By: _____ Date: _____

Insurance Certificate Issued By: _____ Date: _____

Application & Membership Fees Plus any Liability Insurance Fees Received by OHC Officer: _____ Check #: _____ Cash: _____ Date: _____
 Rev: 09/16 bgdb (Initial) <https://www.ohconline.com/>