Ohio Horseman's Council, Inc.

Membership Application for Year 20__

Membership Year is from January 1 to December 31(must indicate year)

Lorain County Chapter

( ) New ( ) Previous Member ***Please print clearly***

Name:_____ Birth Year:_____ Phone:_____

Spouse/Partner/Other:_____ Birth Year:_____ 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.

If Family membership, list names and ages of dependents residing in your household. If member is listed above, do not include in this space.

1._____2._____3._____4._____

(Name) (Birth Year) (Name) (Birth Year) (Name) (Birth Year) (Name) (Birth Year)

OHC **Basic** Membership **(Without Equine Excess Liability Insurance)**				
Type *(please check appropriate box)*	**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)	$10.00	$10.00		$20.00
☐Family (Spouse/Partner/Other and/or dependents)	$30.00	$10.00		$40.00

OHC **Plus** Membership **(With Equine Excess Liability Insurance)**				
Type *(please check appropriate box)*	Membership Fee	**Chapter Charge**	**Insurance**	**Total**
☐Individual (Age 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 contact person's information at top of form)** Open to groups desiring to support OHC; must be affiliated with a chapter.		
No. of Members	**Membership Fee** $35.00 + $10.00 chapter charge	**Association Name:**

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 Bylaws of the Ohio Horseman's Council, Inc.

SIGNATURE: _____ **DATE:** _____
SIGNATURE: _____ **DATE:** _____

Make checks payable to: **Lorain County OHC**

Send to: **Ronald Hoover, Treasurer**
4709 Beat Rd
Litchfield OH 44253

For Chapter Use Only

Membership Card issued by: _____*(initials)* ***Date:*** _____

Insurance Card issued by: _____*(initials)* ***Date:*** _____

Insurance Certificate issued by: _____*(initials)* ***Date:*** _____

Rec'd by _____ ***Date*** _____ ***Amount*** _____ ***Check #*** _____ ***or Cash ( )***

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www.ohconline.com