



Ohio Horseman's Council, Inc.  
**Membership Application for Year 20\_\_\_\_\_** (enter year)  
*Membership Year is from January 1 to December 31*  
**Lorain County Chapter**

New  Previous Member

*Please print clearly*

Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Other

Spouse/Partner/Other: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Other

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)

<b>OHC Basic Membership (Without Equine Excess Liability Insurance)</b>				
Type (please check appropriate box)	Membership Dues	Chapter Charge		Total
<input type="checkbox"/> Individual (Age 18 or older; No dependents)	\$25.00	\$10.00		\$35.00
<input type="checkbox"/> Youth (under age 18; parental/guardian signature required)	\$10.00	\$10.00		\$20.00
<input type="checkbox"/> Family (includes spouse/partner/other and/or dependents)	\$35.00	\$10.00		\$45.00

<b>OHC Plus Membership (With Equine Excess Liability Insurance)</b>				
Type (please check appropriate box)	Membership Dues	Chapter Charge	Insurance	Total
<input type="checkbox"/> Individual (Age 18 or older; No dependents)	\$25.00	\$10.00	\$20.00	\$55.00
<input type="checkbox"/> Family (includes spouse/partner/other and/or dependents)	\$35.00	\$10.00	\$40.00	\$85.00

<b>Associate Membership (List contact person's information at top of form)</b> Open to groups desiring to support OHC; must be affiliated with a chapter.		
No. of Members	Membership Dues \$40.00 + \$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: **Monica Haschak, Treasurer**  
**7836 Vandemark Road**  
**Lodi OH 44254**

**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 ( )