

DO NOT SEND THIS FORM OR FEES TO STATE OHC – RETAIN IN YOUR CHAPTER



Ohio Horseman's Council, Inc.

Multiple Chapter (Secondary) Application – Year 20____

(Membership Year is from January 1 to December 31)

(must indicate year)

_____ County Chapter

() New Secondary Member () Previous Secondary Member

Please print clearly

Name: _____ Birth Year: _____ Phone: _____

Spouse/Partner/Other: _____ Birth Year: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Address Above is a Change of Address

Email: _____ Secondary Member's Primary Chapter: _____

Other Secondary Members (Dependents) from your household (for Family Secondary Membership Only):

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

MULTIPLE (SECONDARY) MEMBERSHIP			
Type (Please check appropriate box)	Membership Fee	Chapter Charge	Total
<input type="checkbox"/> Individual (18 or older; No dependents)	\$3.00	\$ _____	\$ _____
<input type="checkbox"/> Family (Spouse/Partner/Other and/or dependents)	\$5.00	\$ _____	\$ _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Make checks payable to: _____ County OHC

Give to: Chapter Treasurer (do not send to State OHC Treasurer)

For Chapter Use

Secondary Membership Application & Membership Fee received by OHC Chapter Officer: _____

Check #: _____ Cash: _____ Date: _____

Secondary Membership Card Issued By: _____ (initial) Date: _____