



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
<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 (Spouse/Partner/Other and/or dependents)	\$35.00	\$10.00		\$45.00

OHC Plus Membership (With Equine Excess Liability Insurance)				
Type (please check appropriate box)	Membership Fee	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 (Spouse/Partner/Other and/or dependents)	\$35.00	\$10.00	\$40.00	\$85.00

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 \$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: **Lara Monyak, Treasurer**
100 Centurion Dr
Elyria OH 44035

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 ()