

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)

LORAIN 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) (Birth Yr) (Name) (Birth Yr) (Name) (Birth Yr) (Name) (Birth Yr)

MULTIPLE (SECONDARY) MEMBERSHIP

Type (Please check appropriate box)	Membership Fee	Chapter Charge	Total
<input type="checkbox"/> Individual (18 or older; no dependents)	\$3.00	\$10.00	\$13.00
<input type="checkbox"/> Family (w/ spouse/partner/other and/or dependents)	\$5.00	\$10.00	\$15.00

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Make checks payable to: LORAIN County OHC

Give to: Chapter Treasurer (do not send to State OHC Treasurer) Lara Monyak, Treasurer
100 Centurion Dr
Elyria OH 44035

For Chapter Use

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

Date: _____ Amount _____ Check #: _____ or Cash: ()

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