



Ohio Horseman's Council, Inc.
Membership Application for Year 20 _____
(Membership is from January 1 to December 31)
Medina County

() New () Renewal

Please Print clearly or type

Name: _____ Phone No.: _____

Spouse: _____ Cell Phone No.: _____

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

Primary County: _____ or () At Large or () Medina County Secondary
Membership: Fee is \$10.00

The Corral and State Newsletter are included in your membership fee.

I do not want to receive the Corral. I do not want to receive the State Newsletter.

Mail Newsletter Get Newsletter from Website **E-Mail Address:** _____

OHC Basic Membership (Without Equine Excess Liability Insurance)				
Type <i>please circle your choice</i>	Membership Fee	Chapter Charge		Total
Individual (1) / Student /Senior (65 as of Jan 1)	15.00	5.00		20.00
Family (2)/Senior (both 65 as of Jan 1)	25.00	5.00		30.00

OHC Plus Membership (With Equine Excess Liability Insurance)				
Type <i>please circle your choice</i>	Membership Fee	Chapter Charge	Insurance	Total
Individual (1)/Senior (65 as of Jan 1)	15.00	5.00	20.00	40.00
Individual with minor children (under 18 as of Jan 1)	25.00	5.00	20.00	50.00
Family (2) (with or without minor children)	25.00	5.00	40.00	70.00

If family membership, list **names and ages** of dependents (this is needed for insurance purposes).

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
 (Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age)

Associate Membership		
No. of Members	Membership Fee \$30.00 + \$10 chapter fee=\$40.00	Association President/Chairperson:

Your application cannot be accepted without your original signature(s). If Family membership, both spouses/partners must sign; if Individual membership, applicant must sign; if Student and under 18, parent or guardian must sign. Also date this document. By signing this document, I (we) agree to the terms and conditions of the By-Laws of the Ohio Horseman's Council, Inc.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Make checks payable to Medina OHC.

Send to: **Rosemary Young**
 9480 Tracy Trail
 Parma, OH 44130
 www.ohiohorsementouncil.com

Chapter Use Only:

Membership Card Issued By: _____ Date: _____
 Secondary Fee: \$10.00 Rec'd _____