

Ohio Horseman's Council, Inc.
Membership Application For Year 20__
(Membership is from January 1 to December 31)

New Renewal

Member Since _____

Please print clearly or type

Name: _____ Age: _____ Phone: _____

Spouse: _____ Age: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____ @ _____

Primary Chapter _____

At-Large: At-Large members Mail To:
 Anne Lindimore, State Treasurer
 3680 E. St. Rt. 60 N.E
 McConnelsville, OH 43756

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

I do **not** want to receive the Corral. I do **not** want to receive the State Quarterly.

Note: Some OHC chapters charge an additional fee to cover costs of chapter newsletters, etc. You may be notified of same by that chapter

OHC Basic Membership (Without Equine Excess Liability Insurance)				OHC Plus Membership (With Equine Excess Liability Insurance)				
Type	Membership Fee	Chapter Charge	Total	Type	Membership Fee	Chapter Charge	Insurance	Total
Single	\$15.00	\$3.00	\$18.00	Single	\$15.00	\$3.00	\$19.00	\$37.00
Family	\$22.50	\$5.50	\$28.00	Family	\$22.50	\$5.50	\$38.00	\$66.00
Sen. Cit.*	\$ 8.75/ea.	\$2.25	\$11.00	Senior Cit.*	\$ 8.75/ea.	\$2.25	\$19.00/ea	\$30.00
Student**	\$12.00	\$4.00	\$16.00					

* Age 62+ as of January 1
 **Under Age 18 as of January 1

Associate Membership				
No. of Members	Membership Fee	Chapter Charge	Total Fee	Association President/Chairperson:
	\$25.00	\$11.00	\$36.00	Address (If different from above):

If family membership, list names and ages of children **under 18** (this is needed for insurance purposes).

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

SIGNATURE (required): _____ Date: _____
(Parent/Legal Guardian must sign for student under age 18)

(MEDINA COUNTY OHC INFO)

Member's Cell Phone No: _____

Secondary Membership Fee \$10.00 Secondary Member's Primary County: _____
(You may not become a secondary member unless you have membership in a primary county)

Rewards program: May we include your name in the rewards program that benefits our Medina OHC? Yes No

Newsletter: Mail it with a Stamp I'll pick it up from the website

Make checks Payable to: Medina County OHC

Mail To: Rosemary Young
 9480 Tracy Trail
 Parma, Ohio 44130

Membership Card Issued By: _____ Date: _____

Circle Membership	
OHC Basic	OHC Plus
Single	Single
Family	Family
Senior Citizen	Senior Citizen
Student	
Secondary	

YOU MUST COMPLETE ALL INFORMATION AND SIGN FORM.
IF YOU DO NOT COMPLETE THE FORM, IT WILL BE SENT BACK TO YOU. Total Enclosed: \$ _____