

Ohio Horseman's Council, Inc.

Membership Application For Year 20__

(Membership is from January 1 to December 31)

() New () Renewal

Member Since _____

Medina County Chapter

Please print clearly or type

Name: _____ Phone: _____

Spouse/Partner: _____ Cell Phone: _____

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

E-Mail: _____ @ _____

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.

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	\$5.00	\$20.00	Single	\$15.00	\$5.00	\$19.00	\$39.00
Family	\$25.00	\$5.00	\$30.00	Family	\$25.00	\$5.00	\$38.00	\$68.00
Senior Citizen*	\$15.00/ea.	\$5.00	\$20.00/ \$35.00	Senior Citizen*	\$15.00/ea	\$5.00	\$19.00/ \$38.00	\$39.00/ \$73.00
Student**	\$15.00	\$5.00	\$20.00	*Age 62+ **Under Age 18				
Associate Membership								
No. of Members	Membership Fee	Association President/Chairperson:						
	\$30.00 + \$10.00 = \$40.00	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. _____
 (Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age)

Your application cannot be accepted without your signature. If family membership, both spouses/partners must sign; if individual membership, applicant must sign; if Senior Citizen, each applicant must sign; if student membership, parent or guardian must sign for applicant. Also date this document.

SIGNATURE (applicant): _____ Date: _____

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

----- (MEDINA COUNTY CHAPTER INFO) -----

Member Cell Phone No: _____

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

Newsletter: () Mail it with a stamp. () I'll pick it up from the website.

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. The secondary county's application form should be used and their secondary member fee should be paid directly to the secondary county. Insurance should be purchased through your primary county. www.ohiohorsekanscouncil.com, www.medinacountyohc.com

Make checks payable to: Medina County OHC

Mail to: Rosemary Young, Treasurer
 9480 Tracy Trail
 Parma, OH 44130

Membership Card Issued By: Rosemary Young Date: _____ Total Enclosed \$ _____

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

COMPLETE ALL INFORMATION AND SIGN FORM. IF IT IS NOT COMPLETED AND SIGNED, IT WILL BE SENT BACK TO YOU.