



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

New Previous Member

Please print clearly

Name: _____ Birth Year: _____ Phone: _____ Cell Other

Spouse/Partner/Other: _____ Birth Year: _____ Phone: _____ Cell Other

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 Dues	Chapter Charge		Total
<input type="checkbox"/> Individual (Age 18 or older; No dependents)	\$25.00	\$0.00		\$25.00
<input type="checkbox"/> Youth (under age 18; parental/guardian signature required)	\$10.00	\$0.00		\$10.00
<input type="checkbox"/> Family (includes spouse/partner/other and/or dependents)	\$35.00	\$0.00		\$35.00

OHC Plus Membership (With Equine Excess Liability Insurance)				
Type (please check appropriate box)	Membership Dues	Chapter Charge	Insurance	Total
<input type="checkbox"/> Individual (Age 18 or older; No dependents)	\$25.00	\$0.00	\$20.00	\$45.00
<input type="checkbox"/> Family (includes spouse/partner/other and/or dependents)	\$35.00	\$0.00	\$40.00	\$75.00

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 Dues \$40.00 + \$0.00 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: **Fairfield County OHC**

Send to: **Margaret Hite, Treasurer**
4755 Delmont Rd SW
Lancaster OH 43130

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 ()