

State Office Use: Member I.D. \_\_\_\_\_ Type \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Check # \_\_\_\_\_ SR# \_\_\_\_\_



## Ohio Horseman's Council, Inc.

# Membership Application for Year 2017

(Membership Year is from January 1 to December 31)

### Clinton County Chapter

( ) New ( ) Previous Member

*Please Print clearly or type*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Spouse/Partner/Other: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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

We (I) own \_\_\_\_\_ (No.) equine

I want to receive the State Newsletter by  Email  By Postal Mail

If family membership, list **names and ages** of dependents residing in your household. No one can be included unless they live in your household. If member is listed above, do not include in this space.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 (Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age)

OHC Basic Membership ( <u>Without</u> Equine Excess Liability Insurance)				
Type <i>(please circle your choice)</i>	Membership Fee	Chapter Charge	Insurance	Total
Individual (Age 18 or older; No dependents)	\$20.00	\$5.00		\$25.00
Youth (under age 18; parental/guardian signature required)	\$20.00	\$5.00		\$25.00
Family (Spouse/Partner/Other and/or dependents)	\$30.00	\$5.00		\$35.00
OHC Plus Membership ( <u>With</u> Equine Excess Liability Insurance)				
Type <i>(please circle your choice)</i>	Membership Fee	Chapter Charge	Insurance	Total
Individual (18 or older; No dependents)	\$20.00	\$5.00	\$20.00	\$45.00
Family (Spouse/Partner/Other and/or dependents)	\$30.00	\$5.00	\$40.00	\$75.00
Associate Membership (List Association Name at top of form)				
(Open to groups or individuals desiring to support OHC; must be affiliated with and sponsored by a chapter.)				
No. of Members _____	Membership Fee \$35.00 + chapter fee	Association President/Chairperson: _____		

**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 By-Laws of the Ohio Horseman's Council, Inc.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### For Chapter Use Only

Make checks payable to: Clinton County OHC  
 Send to: Marybeth Norton, Treasurer  
 102 Appian Way  
 Wilmington, OH 45177

Membership Card Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Card Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Certificate Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Application & Membership Fees Plus any Liability Insurance Fees Received by OHC Officer: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_