

DO NOT SEND THIS FORM OR FEES TO STATE OHC – RETAIN IN YOUR CHAPTER



Ohio Horseman's Council, Inc.  
**Multiple Chapter (Secondary) Application - Year 20\_\_**  
*(Membership Year is from January 1 to December 31)*

**Cuyahoga County Chapter**

( ) New Secondary Member ( ) Previous Secondary 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

Email: \_\_\_\_\_ Secondary Member's Primary Chapter: \_\_\_\_\_

Other Secondary Members (Dependents) from your household (**Family** Secondary Membership Only):

\_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
(Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age)

<b>MULTIPLE (SECONDARY) MEMBERSHIP</b>			
Type <i>(Please check appropriate box)</i>	Membership Fee	Chapter Charge	Total
<input type="checkbox"/> Individual (18 or older; No dependents)	\$3.00	\$5.00	\$ 8.00
<input type="checkbox"/> Family (Spouse/Partner/Other and/or dependents)	\$5.00	\$5.00	\$10.00

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

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

Make checks payable to: Cuyahoga County OHC  
Send to: Catherine Rutti, Treasurer  
9630 Tilby Rd.  
North Royalton, OH 44133

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

Secondary Membership Application & Membership Fee received by OHC Chapter Officer: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initial)