

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



Ohio Horseman's Council, Inc.
Membership Application for Year 2018
(Membership Year is from January 1 to December 31)
Cuyahoga 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

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 (Without 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 (With 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 charge | 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: Cuyahoga County OHC

Send to: Catherine Rutti, Treasurer

9630 Tilby Rd.

North Royalton, OH 44133

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: _____

Rev: 08/16 bg

(Initial)

www.ohconline.com