



Ohio Horseman's Council, Inc.

Membership Application for Year 2010_____

(Membership is from January 1 to December 31)

() New () Renewal

Cuyahoga County Chapter

Member Since _____

Please Print clearly or type

Name: _____ Phone No.: _____

Spouse: _____ Cell Phone No.: _____

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/ \$25.00/2	\$5.00	\$20.00/ \$30.00/2	Senior Citizen**	\$15.00/ \$25.00/2	\$5.00	\$19.00/ \$38.00/2	\$39.00/ \$68.00/2
Student*	\$15.00	\$5.00	\$20.00	* Under 18 years of age as of January 1. **Age 62+				
Associate Membership								
No. of Members	Membership Fee	Association President/Chairperson:						
	\$30.00 + \$5.00 = \$35.00	Address (if different from above):						

If family membership, list **names and ages** of dependents (this is needed for insurance purposes). The OHC Youth Program is open to members age 12 through high school. Please check the box next to the member(s) interested in the Youth Program.

_____ _____ _____ _____ _____
 (Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age)

Your application cannot be accepted without your original signature(s). 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. 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

Mail To: Bonnie Evans
 1745 Middleton Road
 Hudson, OH 44236
 PH: 330-650-4933

Membership Card Issued By: _____ Date: _____

Secondary Member's Primary County: _____
 You may not become a secondary member unless you have membership in a primary county.

www.ohiohorsecouncil.com

SECONDARY MEMBERSHIP (Must have primary membership in another county)			
TYPE	Chapter Fee	Chapter Charge	Total
Single	\$10.00	\$0.00	\$10.00
Family	\$10.00	\$0.00	\$10.00
Sen. Cit.*	\$10.00	\$0.00	\$10.00
Student**	\$10.00	\$0.00	\$10.00
*Age 62+; **Under Age 18 as of January 1			