

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)
Geauga 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 (<u>Without</u> Equine Excess Liability Insurance)				
Type <i>(please circle your choice)</i>	Membership Fee	Chapter Charge		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 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: Geauga County OHC

Would you like your name and number added to the Buddy List? ___ Yes ___ No

IF YES, which phone number would you like on the list? ___ Home ___ Cell

Send to: Joy Keco, Co-Treasurer

List will only be shared with Buddy List participants.

18965 Chillicothe Road
 Chagrin Falls, OH 44060

PH: 440-543-4402; Email: bayrazzle@gmail.com

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: 08/17 bg

(Initial)

www.ohconline.com

www.geaugacountyohc.com