



Ohio Horseman's Council, Inc.
Membership Application for Year 20 _____
Membership Year is from January 1 to December 31 (must indicate year)
Logan County Chapter

() New () Previous Member

Please print clearly

Name: _____ Birth Year: _____ Phone: _____

Spouse/Partner/Other: _____ Birth Year: _____ 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. 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 (please check appropriate box)	Membership Fee	Chapter Charge		Total
<input type="checkbox"/> Individual (Age 18 or older; No dependents)	\$20.00	\$0		\$20.00
<input type="checkbox"/> Youth (under age 18; parental/guardian signature required)	\$20.00	\$0		\$20.00
<input type="checkbox"/> Family (Spouse/Partner/Other and/or dependents)	\$30.00	\$0		\$30.00

OHC Plus Membership (With Equine Excess Liability Insurance)				
Type (please check appropriate box)	Membership Fee	Chapter Charge	Insurance	Total
<input type="checkbox"/> Individual (18 or older; No dependents)	\$20.00	\$0	\$20.00	\$40.00
<input type="checkbox"/> Family (Spouse/Partner/Other and/or dependents)	\$30.00	\$0	\$40.00	\$70.00

Associate Membership (List contact person's information at top of form)		
Open to groups desiring to support OHC; must be affiliated with a chapter.		
No. of Members:	Membership Fee \$35.00 + \$0 chapter charge	Association Name:

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 Bylaws of the Ohio Horseman's Council, Inc.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Make checks payable to: **Logan County OHC**

Send to: **Diana Kenne**
 5116 County Rd 43
 DeGraff Oh 43318

For Chapter Use Only

Application & Payment received by OHC Officer: _____ Check #: _____ Cash: _____ Date: _____

Membership Card issued by: _____ Date: _____

Insurance Card issued by: _____ Date: _____

Insurance Certificate issued by: _____ Date: _____