

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



Ohio Horseman's Council, Inc.

Multiple Chapter (Secondary) Membership Application for Year 20 (enter year)

Membership Year is from January 1 to December 31

Secondary Chapter: DELAWARE (County)

(must have primary membership in another county chapter or At Large)

() New Secondary Member () Previous Secondary Member

Please print clearly

Name: Birth Year: Phone: Cell Other

Spouse/Partner/Other: Birth Year: Phone: Cell Other

Address: City: State: Zip:

Address Above is a Change of Address

Secondary Member's Primary Chapter

Email: (or At Large):

If Family membership, list names and ages of dependents residing in your household.

1. (Name) (Birth Yr) 2. (Name) (Birth Yr) 3. (Name) (Birth Yr) 4. (Name) (Birth Yr)

Table with 4 columns: Type, Membership Dues, Chapter Charge, Total. Rows include Individual and Family membership options with associated costs.

SIGNATURE: DATE:

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Make checks payable to: DELAWARE County OHC

Give to: Chapter Treasurer (do not send to State OHC Treasurer)

Alex Sydney

(Chapter Treasurer)

Address:

6345 State Route 37 W Ostrander OH 43061

For Chapter Use

Secondary Membership Application & Dues received by OHC Chapter Officer: (name)

Date: Amount Check #: or Cash: ()

Membership Card issued by: (initials) Date: