

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



Ohio Horseman's Council, Inc.

Multiple Chapter (Secondary) Application – Year 20\_\_\_\_

(Membership Year is from January 1 to December 31)

(must indicate year)

\_\_\_\_\_ County Chapter

( ) New Secondary Member ( ) Previous Secondary Member

Please print clearly

Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address Above is a Change of Address

Email: \_\_\_\_\_ Secondary Member's Primary Chapter: \_\_\_\_\_

Other Secondary Members (Dependents) from your household (for Family Secondary Membership Only):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
(Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age)

MULTIPLE (SECONDARY) MEMBERSHIP			
Type (Please check appropriate box)	Membership Fee	Chapter Charge	Total
<input type="checkbox"/> Individual (18 or older; No dependents)	\$3.00	\$ _____	\$ _____
<input type="checkbox"/> Family (Spouse/Partner/Other and/or dependents)	\$5.00	\$ _____	\$ _____

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Make checks payable to: \_\_\_\_\_ County OHC

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

For Chapter Use

Secondary Membership Application & Membership Fee received by OHC Chapter Officer: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Membership Card Issued By: \_\_\_\_\_ (initial) Date: \_\_\_\_\_