



Ohio Horseman's Council, Inc. Membership Application for Year 2022

Membership Year is from January 1 to December 31

SUMMIT County Chapter

() New () Previous 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

The Corral and Newsletter are included with your membership.

Email: _____ I do **not** want to receive the Corral.

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) (Birth Yr) (Name) (Birth Yr) (Name) (Birth Yr) (Name) (Birth Yr)

OHC Basic Membership (Without Equine Excess Liability Insurance)				
Type <i>(please check appropriate box)</i>	Membership Fee	Chapter Charge		Total
<input type="checkbox"/> Individual (age 18 or older; no dependents)	\$25.00	\$5.00		\$30.00
<input type="checkbox"/> Youth (under age 18; parental/guardian signature required)	\$10.00	\$5.00		\$15.00
<input type="checkbox"/> Family (includes spouse/partner/other and/or dependents)	\$35.00	\$6.00		\$41.00

OHC Plus Membership (With Equine Excess Liability Insurance)				
Type <i>(please check appropriate box)</i>	Membership Fee	Chapter Charge	Insurance	Total
<input type="checkbox"/> Individual (18 or older; no dependents)	\$25.00	\$5.00	\$20.00	\$50.00
<input type="checkbox"/> Family (includes spouse/partner/other and/or dependents)	\$35.00	\$6.00	\$40.00	\$81.00

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 \$40.00 + \$5.00 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: **SUMMIT County Chapter**

Send to: **Carolyn Sullivan, Treasurer**
3178 Revere Road
Richfield OH 44286

For Chapter Use Only

Membership Card issued by: _____ (initials) Date: _____

Insurance Card issued by: _____ (initials) Date: _____

Insurance Certificate issued by: _____ (initials) Date: _____

Rec'd by _____ Date _____ Amount _____ Check # _____ or Cash ()