

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)

**For  
Delaware 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) (Birth Yr) (Name) (Birth Yr) (Name) (Birth Yr) (Name) (Birth Yr)

<b>MULTIPLE (SECONDARY) MEMBERSHIP</b>			
<b>Type</b> <i>(Please check appropriate box)</i>	<b>Membership Fee</b>	<b>Chapter Charge</b>	<b>Total</b>
<input type="checkbox"/> Individual (18 or older; no dependents)	\$3.00	\$5.00	\$8.00
<input type="checkbox"/> Family (spouse/partner/other and/or dependents)	\$5.00	\$5.00	\$10.00

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

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

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

Send to: **Lora Taylor, Treasurer  
5306 Granite Drive  
Hilliard, OH 43026**

**Do NOT send to State OHC Treasurer!**

For Chapter Use

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

Date: \_\_\_\_\_ Amount \_\_\_\_\_ Check #: \_\_\_\_\_ or Cash: ( )

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