

DO NOT SEND THIS FORM OR FEES 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)

() **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

Email: _____ **Secondary Member's
Primary Chapter:** _____

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)

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

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

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

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

Pat O'Connell
(Chapter Treasurer)
3960 Criswell Drive
Columbus OH 43220

Address:

For Chapter Use

Secondary Membership Application & Fee received by OHC Chapter Officer: _____ *(name)*

Date: _____ *Amount* _____ *Check #:* _____ *or Cash:* ()

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