County_____

OHC Dues Summary

Date_____

Mail To:
Margaret Hite, OHC Treasurer
4755 Delmont Rd SW
Lancaster OH 43130
740-407-6986
treasurer@ohconline.com

Write check payable to:

Ohio Horseman's Council, Inc.

State Portion
Individual - $22
Family - $30
Youth - $7
Associate - $20
Individual Insurance - $25
Family Insurance - $50

INSTRUCTIONS:
This form is an OHC official document and is required to accompany all memberships submitted to the OHC Treasurer. It must be completed legibly and in its entirety. Failure to comply will result in the entire packet being returned to you.

Member Name(s)	State Amount Due	Liability Insurance Amount	Total Amount Due State	Membership Updated Online?
Totals:				

[Please do not enter into the shaded areas (any Totals columns or rows) - they will calculate for you]

Write checks payable to: **Ohio Horseman's Council, Inc.**

Or, if paying by PayPal, please enter **PayPal transaction ID** number here: _____

Submitted By:_____ Phone:_____

By signing this form, I certify that the information is correct and complete. Email: _____