



Ohio Horseman's Council, Inc.
Membership Application for Year 2015
(Membership is from January 1 to December 31)
Hamilton County Chapter

() New () Renewal

Please Print clearly or type

Name: _____ Age: _____ Phone: () _____

Spouse/Partner/Other: _____ Age: _____ Cell Phone: _____

☐ This is a Change of Address

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

The Corral and State Newsletter are included in your membership.

☐ I do **not** want to receive the Corral.

☐ I do **not** want to receive the State Newsletter.

OHC Basic Membership (Without Equine Excess Liability Insurance)				
Type please circle your choice	Membership Fee	Chapter Charge		Total
Individual, Youth	\$20.00	\$0.00		\$20.00
Family (spouse and/or minor children)	\$30.00	\$0.00		\$30.00
OHC Plus Membership (With Equine Excess Liability Insurance)				
Type please circle your choice	Membership Fee	Chapter Charge	Insurance	Total
Individual (18 as of Jan. 1) (No dependents)	\$20.00	\$0.00	\$20.00	\$40.00
Family (spouse and/or minor children)	\$30.00	\$0.00	\$40.00	\$70.00

If family membership, list **names and ages** of dependents (children/other) residing in your household. Grandchildren cannot be included unless you are their guardian and they live in your household. Spouse/partner should be listed above. This is needed for insurance purposes.

1. _____ 2. _____ 3. _____ 4. _____
(Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age)

Associate Membership		
No. of Members _____	Membership Fee \$35.00 + chapter charge	Association President/Chairperson: _____

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 By-Laws of the Ohio Horseman's Council, Inc.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

(For Chapter Use Only)

☐ I do **not** want to receive Hamilton Co.'s Newsletter.

Make checks payable to: **Hamilton County Chapter OHC**

Send to: **Heidi Stauffer, Treasurer**

1146 E. Mud Pike Road

Osgood, IN 47037

Membership Card Issued By: _____ Date: _____

Insurance Card Issued By: _____ Date: _____

Insurance Policy Issued By: _____ Date: _____

Application and Membership Fees Plus any Liability Insurance Fees Received by OHC Elected Officer: _____ Date: _____

SECONDARY MEMBERSHIP			
(Must have primary membership in another county)			
TYPE	Chapter Fee	Chapter Charge	Total
Single	\$3.00	\$0.00	\$3.00
Family	\$5.00	\$0.00	\$5.00