



Ohio Horseman's Council, Inc.

Membership Application for Year 2012 _____

(Membership is from January 1 to December 31)

() New () Renewal

Cuyahoga County Chapter

www.cuyahogacountyohc.com

Please Print clearly or type

Name: _____ Phone No.: _____

Spouse: _____ Cell Phone No.: _____

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

E-mail: _____ Check box if newsletter CANNOT be e-mailed
 The Corral and State Quarterly are included in your membership fee.

I do not want to receive the Corral. I do not want to receive the State Quarterly.

OHC Basic Membership (Without Equine Excess Liability Insurance)				
Type <i>please circle your choice</i>	Membership Fee	Chapter Charge		Total
Individual (1) / Student / Senior (65 as of Jan 1)	15.00	5.00		20.00
Individual with minor children (under 18 as of Jan 1)	25.00	5.00		30.00
Family (2) / Senior (both 65 as of Jan 1)	25.00	5.00		30.00

OHC Plus Membership (With Equine Excess Liability Insurance)				
Type <i>Please circle your choice</i>	Membership Fee	Chapter Charge	Insurance	Total
Individual (1) / Student / Senior (65 as of Jan 1)	15.00	5.00	20.00	40.00
Individual with minor children (under 18 as of Jan 1)	25.00	5.00	20.00	50.00
Family (2) / Senior (with or without minor children)	25.00	5.00	40.00	70.00

Student Under Age 18 as of January 1

If family membership, list **names and ages** of dependents (this is needed for insurance purposes).

_____(Name) _____(Age) _____(Name) _____(Age) _____(Name) _____(Age) _____(Name) _____(Age) _____(Name) _____(Age)

Associate Membership		
Number of Members:	Membership Fee: 30.00 + 5.00 = 35.00	Assoc. President/Chairman:

Your application cannot be accepted without your original signature(s). If Family membership, both spouses/partners must sign; if Individual membership, applicant must sign; if Student membership, parent or guardian must sign for applicant. Also 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)

Make checks payable to: Cuyahoga County OHC
 Mail To: Bonnie Evans
 1745 Middleton Road
 Hudson, OH 44236
 PH: 330-650-4933

Membership Card Issued By: _____ Date: _____

Secondary Member's Primary County: _____
 You may not become a secondary member unless you have membership in a primary county.

SECONDARY MEMBERSHIP			
(Must have primary membership in another county)			
TYPE	Chapter Fee	Chapter Charge	Total
Single	\$10.00	\$0.00	\$10.00
Family	\$10.00	\$0.00	\$10.00
Sen. Cit.*	\$10.00	\$0.00	\$10.00
Student**	\$10.00	\$0.00	\$10.00

*Age 65+; **Under Age 18 as of January 1