



Ohio Horseman's Council, Inc.
Membership Application for Year 2012
(Membership is from January 1 to December 31)
Stark County Chapter

() New () Renewal

Please Print clearly or type

Name: _____ Phone No.: _____

Spouse: _____ Cell Phone No.: _____

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

Primary County: _____ or () At Large Secondary: _____

The Corral and State Newsletter are included in your membership fee. **Email:** _____

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 <i>please circle your choice</i>	Membership Fee	Chapter Charge		Total
Individual (1) / Student /Senior (65 as of Jan 1)	15.00			15.00
Family (2)/Senior (both 65 as of Jan 1)	25.00			25.00

OHC Plus Membership (With Equine Excess Liability Insurance)				
Type <i>please circle your choice</i>	Membership Fee	Chapter Charge	Insurance	Total
Individual (1)/Senior (65 as of Jan 1)	15.00		20.00	35.00
Individual with minor children (under 18 as of Jan 1)	25.00		20.00	45.00
Family (2) (with or without minor children)	25.00		40.00	65.00

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

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
 (Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age)

Associate Membership		
No. of Members	Membership Fee \$30.00	Association President/Chairperson:

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 and under 18, parent or guardian must sign. 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: Stark County OHC

www.ohiohorsemanscouncil.com

Send to: Barb Daymut
 4718 Laburnum Dr
 Akron, OH 44319

Membership Card Issued By: _____ Date: _____
 Secondary Member's Primary County: _____

SECONDARY MEMBERSHIP			
<i>(Must have primary membership in another county)</i>			
TYPE	Chapter Fee	Chapter Charge	Total
Single	\$	\$0.00	\$
Family	\$	\$0.00	\$