

Ohio Horseman's Council, Inc.
Licking County Chapter
Membership Application For Year 20__
(Membership is from January 1 to December 31)

() New () Renewal

Member Since _____

Please print clearly or type

Name: _____ Phone: _____

Spouse/Partner: _____ Cell Phone: _____

Address: _____ State: _____ Zip: _____

E-Mail: _____@_____

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.

Note: Some OHC chapters charge an additional fee to cover costs of chapter newsletters, etc. You may be notified of same by that chapter.

OHC Basic Membership <small>(Without Equine Excess Liability Insurance)</small>				OHC Plus Membership <small>(With Equine Excess Liability Insurance)</small>				
Type	Membership Fee	Chapter Charge	Total	Type	Membership Fee	Chapter Charge	Insurance	Total
Single	\$15.00	\$0.00	\$15.00	Single	\$15.00	\$0.00	\$19.00	\$34.00
Family	\$25.00	\$0.00	\$25.00	Family	\$25.00	\$0.00	\$38.00	\$63.00
Senior Citizen*	\$15.00/ea.	\$0.00	\$15.00/ \$30.00	Senior Citizen*	\$15.00/ea.	\$0.00	\$19.00/ \$38.00	\$34.00/ \$68.00
Student**	\$15.00	\$0.00	\$15.00	*Age 62+ **Under Age 18				
Associate Membership								
No. of Members	Membership Fee	Association President/Chairperson:						
	\$30.00	Address (If different from above):						

If family membership, list **names and ages** of children **under 18** (this is needed for insurance purposes).

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

Your application cannot be accepted without your signature. If family membership, both spouses/partners must sign; if individual membership, applicant must sign; if Senior Citizen, each applicant must sign; if student membership, parent or guardian must sign for applicant. Also date this document.

SIGNATURE (applicant): _____ Date: _____

SIGNATURE (spouse/partner): _____ Date: _____

------(FOR CHAPTER USE ONLY)-----

Make checks payable to: Licking County OHC
Mail To: Mark Stevens, Treasurer
623 E. Main Street
Newark, OH 43055

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.

The secondary county's application form should be used and their secondary member fee should be paid directly to the secondary county. Insurance should be purchased through your primary county.

www.ohiohorsemanscouncil.com

SECONDARY MEMBERSHIP <small>(Must have primary membership in another county)</small>			
TYPE	FEE	CHAPTER CHARGE	TOTAL
Single	\$5.00	\$0.00	\$5.00
Family	\$5.00	\$0.00	\$5.00
Senior Citizen*	\$5.00	\$0.00	\$5.00
Student**	\$5.00	\$0.00	\$5.00
*Age 62+ **Under age 18 as of January 1			