

Office Use Only: Membership Type _____ Date Rec'd _____ Check # _____ Rec'd by _____ SR# _____



Licking County Chapter

Ohio Horseman's Council, Inc.

Membership Application for Year 20 _____

(Membership is from January 1 to December 31)

() **New** () **Renewal** *Please Print clearly or type*

Name: _____ Phone No.: _____

Spouse: _____ Cell Phone No.: _____

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

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: _____

Make checks payable to: LCOHC

Send to: Mark Stevens, Treasurer
 623 E Main St.
 Newark, OH 43055

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	\$2.00	\$0.00	\$2.00
Family	\$4.00	\$0.00	\$4.00