

DO NOT SEND THIS FORM OR DUES TO STATE OHC – RETAIN IN YOUR CHAPTER



Ohio Horseman's Council, Inc.

**Multiple Chapter (Secondary) Membership Application  
for Year 20\_\_\_\_\_ (enter year)**

Membership Year is from January 1 to December 31

**Secondary Chapter: LORAIN (County)**  
(must have primary membership in another county chapter or At Large)

( ) New Secondary Member ( ) Previous Secondary Member Please print clearly

Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  
 Other

Spouse/Partner/Other: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  
 Other

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address Above is a Change of Address

Email: \_\_\_\_\_ **Secondary Member's Primary Chapter  
( or At Large ): \_\_\_\_\_**

If Family membership, list names and ages of dependents residing in your household. If member is listed above, do not include in this space.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
(Name) (Birth Yr) (Name) (Birth Yr) (Name) (Birth Yr) (Name) (Birth Yr)

MULTIPLE CHAPTER (SECONDARY) MEMBERSHIP			
Type (Please check appropriate box)	Membership Dues	Chapter Charge	Total
<input type="checkbox"/> Individual (18 or older; no dependents)	\$3.00	\$10.00	\$13.00
<input type="checkbox"/> Family (includes spouse/partner/other and/or dependents)	\$5.00	\$10.00	\$15.00

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Make checks payable to: **LORAIN County OHC**

Give to: **Chapter Treasurer** (do not send to State OHC Treasurer)

**Monica Haschak**  
Chapter Treasurer

Address: **7836 Vandermark Road  
Lodi, Ohio 44254**

For Chapter Use

Secondary Membership Application & Dues received by OHC Chapter Officer: \_\_\_\_\_ (name)

Date: \_\_\_\_\_ Amount \_\_\_\_\_ Check #: \_\_\_\_\_ or Cash: ( )

Membership Card issued by: \_\_\_\_\_ (initials) Date: \_\_\_\_\_