

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



Ohio Horseman's Council, Inc.  
**Multiple Chapter (Secondary) Application - Year 20\_\_**  
*(Membership Year is from January 1 to December 31)*

**Montgomery County Chapter**

( ) **New Secondary Member** ( ) **Previous Secondary Member**

*Please Print clearly or type*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Spouse/Partner/Other: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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

Address Above is a Change of Address

Email: \_\_\_\_\_ Secondary Member's **Primary Chapter**: \_\_\_\_\_

Other Secondary Members (Dependents) from your household (**Family** Secondary Membership Only):

\_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
(Name) (Age) (Name) (Age) (Name) (Age) (Name) (Age)

<b>MULTIPLE (SECONDARY) MEMBERSHIP</b>			
Type <i>(Please check appropriate box)</i>	Membership Fee	Chapter Charge	Total
<input type="checkbox"/> Individual (18 or older; No dependents)	\$3.00	\$5.00	\$ 8.00
<input type="checkbox"/> Family (Spouse/Partner/Other and/or dependents)	\$5.00	\$5.00	\$10.00

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

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

Make checks payable to: **Montgomery County OHC**  
Send to: **Charlene Harden, Treasurer**  
**1400 N. County Line Rd.**  
**Tipp City, OH 45371**

Secondary Membership Card Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Membership Application & Membership Fee received by OHC Chapter Officer: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Initial)*