



Membership Application

New Renewal

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Email Address: _____

Involvement in the horse industry (select any that apply):

Horse Owner 4-H Volunteer 4-H Parent Trainer Farrier Exhibitor
 None Other (please specify): _____

Membership Fees:

*****\$5 DISCOUNT IF PAID BEFORE APRIL 1ST!*****

_____ \$25 Adult Annual Membership

_____ \$20 Youth Annual Membership
(18 and under as of January 1)

_____ \$35 Family Annual Membership
(Includes immediate family or guardian)

_____ \$500 Lifetime Membership
(Individual Youth or Adult)

Endowment:

I would like to make a donation in the amount of \$_____ in honor / memory of _____.

Total Enclosed: _____

Make checks payable to **The Ottawa County Horse Foundation**

Mail to: The Ottawa County Horse Foundation
 C/O Brianne Mathews, Secretary
 2157 N. Behlman Road
 Oak Harbor, OH 43449

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|---------------------------|
| FOR OCHF USE ONLY: |
| Check #: _____ |
| Date Rec'd: _____ |