



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 Fee:

_____ \$25 Per Annual Membership _____ \$500 Per Lifetime Membership

(Please input the amount of memberships on the blank)

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
 P.O. Box #109
 Oak Harbor, Ohio, 43449

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