



### **Membership Application**

☐ **New**

☐ **Renewal**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 Annual Per Member    \_\_\_\_\_ \$500 Per Lifetime Per Member

(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:**

Date Rec'd: \_\_\_\_\_

Check #: \_\_\_\_\_

Card Receipt#: \_\_\_\_\_

Cash: \_\_\_\_\_

Paid w/ Entry Fees: \_\_\_\_\_