



OHHA MEMBERSHIP APPLICATION

PLEASE PRINT



Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Phone () _____ E-mail _____

Active or associate membership: \$50.⁰⁰ or 2 years \$90⁰⁰

Free Sulky Coverage

Up to \$1,350 coverage (wheels and disks excluded)

MAKE CHECKS PAYABLE AND MAIL TO:

OHIO HARNESS HORSEMEN'S ASSOC., INC.

800 MICHIGAN AVENUE
COLUMBUS, OHIO 43215-1166

- Select Only One
- Owner
 - Driver
 - Trainer
 - Breeder
 - Associate
- Check box if a member in 2007

THIS APPLICATION
MUST BE FILLED
OUT COMPLETELY

NOTE: The sulky OWNER (S), DRIVER, TRAINER, and ALL OWNERS of the horse involved must be members

IMPORTANT NOTICE

NOTE: For sulky insurance coverage, the SULKY OWNER (S), DRIVER, TRAINER, and ALL OWNERS of the horse involved must be members.

Federal Law requires that members be informed that approximately 50 percent of membership dues will be allocated for lobbying from each fee is allocated for the magazine.

I _____ do hereby apply for membership in OHHA and enclose \$50.⁰⁰ as my annual membership dues for the year 2008 or \$90 as my membership for the years 2008 and 2009.

Date _____ USTA Membership # _____