



# OHHA MEMBERSHIP APPLICATION

PLEASE PRINT



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Phone (    ) \_\_\_\_\_ E-mail \_\_\_\_\_

Active or Associate membership: \$65.<sup>00</sup>

Free Sulky Coverage

Up to \$1,500 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 last year

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 expenses & \$10.00 from each fee is allocated for the magazine.

I \_\_\_\_\_ do hereby apply for membership in OHHA and enclose \$65.00 as my annual membership dues.

Date \_\_\_\_\_

USTA Membership # \_\_\_\_\_