

Member ID # \_\_\_

## 2026 OHHA MEMBERSHIP APPLICATION

(* Fields Required. Please print.)						
*Name						
*Address						
*City		_*State*2	Zip	*County		
*Phone	*Cell					
*E-mail Note: By supplying your cell numbe					apply. Check to opt-ou	ıt.
Active \$65 *Please check of	one: Owner Driv	ver/Trainer 🔲 Br	reeder []Gro	oom		
Associate \$25 (All Membership	s include OHHA publicationsqu	uarterly BHH magazines	s, Sires Stakes publi	cation, Stallion Directory, e-new	sletters and entrance to OFRC	fairs.)
Check here if you were a men	nber the previous year					
*USTA#*D	eate of Birth	_				
Check if you would like to be farm. Please note your listing as						
consent to us providing any sup provided in this form for Memb	•					
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Full Active Membership includes free sulky coverage up to \$2,500 (wheels & discs excluded). NOTE: The sulky owner(s), driver, trainer & all owners of the horse involved must be OHHA members and sulkies must be registered. Stables/Business Entities require an Associate Membership. All affiliates of any Stable/Business Entity must be full active members. Full details at ohha.com/insurance

Return Form and payment to 2237 Sonora Drive, Grove City, Ohio 43123 or send via e-mail to info@ohha.com