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According to the By-Laws of OHHA, membership applications will be accepted for individuals who are currently licensed by Standardbred Canada or the Ontario Racing Commission as an owner, driver, trainer or groom. NOTE: US residents may become OHHA members and receive members' liability insurance. US residents are also eligible for OHHA Supplementary Disability if they receive payments from Standardbred Canada's plan for injuries which occurred while racing or training in Ontario.

### APPLICATION FOR OHHA MEMBERSHIP

Membership (\$1/month) is renewed by birth month. For your first term please calculate your dues from the month you apply until and including the month before your birthday (if your birth month falls within 6 months of the first renewal period we ask that you apply at a minimum for that number of months plus one full year). If you wish to become a member for a longer term, kindly indicate this and add the proper amount to your first initial amount. You will automatically be invoiced for renewal of membership.

\_\_\_\_\_ month(s) @ \$1/month \$\_\_\_\_\_ + 1 year @ \$12 \_\_\_\_\_ or 3 years @ \$36 \_\_\_\_\_ or 5 years @ \$60 \_\_\_\_\_

**Honorary status is reserved for members who are 70 years of age or older – No payment required; please submit signed form only.**

Do you wish to receive OHHA newsletters? Mail \_\_\_\_\_ Email \_\_\_\_\_ None \_\_\_\_\_

**IN CONSIDERATION OF THE BENEFITS OF MEMBERSHIP,**

(a) I agree to abide by OHHA's constitution and by-laws and appoint and grant OHHA the right to act as my sole and exclusive agent and representative for the purposes of negotiating and executing contracts with all racetracks in the Province of Ontario and executing agreements relating to racing with any other group, body or association and I assign and transfer to OHHA, during the time I am a member, all my intellectual property rights, throughout the world, including copyrights, personality rights, and any causes of action related thereto, that I may own, arising from or related to my racing activity.

(b) I agree and consent to the terms of the Privacy Agreement of the Ontario Harness Horse Association, a copy of which is published on the Ontario Harness Horse Association's website and available to me in print on request.

Signature (REQUIRED)

Date

(PLEASE COMPLETE)

Mr. /Mrs. /Ms.	Last Name	First Name & Initial			
Address					
City/Town	Prov./State		PC/Zip Code		
Home Tel.	( ) -	Business or Cell	( ) -		
Date of birth (DD/MM/YY)	Have you been an OHHA member in the past?				
E-Mail Address				SC/ORC #	
Type of SC/ORC License	Owner	Driver	Trainer	Groom	