



# Illinois Harness Horsemen's Association

Suite 432  
15 Spinning Wheel Road  
Hinsdale, IL 60521  
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(800) 572-0213 Toll Free In Illinois  
(630) 323-0761 Fax

## 2017 Membership Application

It is time to join or renew your annual membership for the year 2017. All current memberships will expire on December 31, 2016. Forms must be signed to ensure voting privileges in Board Elections. Please review the membership options:

**\$40 FULL MEMBERSHIP:** This membership is for all owners, drivers, trainers, caretakers/grooms and breeders. Benefits include third party public liability insurance. This covers anyone owning less than 20 horses. If you own more than 20, we encourage you to purchase your own individual policy. This is a secondary policy. For a detailed analysis of the policy, call the office and we will send it to you. It also includes voting privileges, sulky accident insurance at participating tracks, fire disaster insurance at participating tracks and accident insurance for drivers & trainers at participating tracks and county fairs.

**\$40 ASSOCIATE:** This is for people with an interest in harness racing that are not licensed owners, drivers, trainers, caretakers (grooms) or breeders (This type of membership does NOT include voting privileges in the IHHA elections as well as NO eligibility to the 3<sup>rd</sup> Party Liability insurance.)

Please fill out the application form below. Sign and date the form and send it with your payment in the reply envelope provided. **ALSO, PLEASE INCLUDE YOUR CELL PHONE NUMBER SO YOU CAN RECEIVE IMPORTANT NOTICES AND UPDATES VIA TEXT FROM "YOUR" IHHA.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ USTA Membership #: \_\_\_\_\_

Please check which membership you are applying for:

\_\_\_\_\_ \$40 - Full membership (for owners, drivers, trainers, breeders, caretakers)

If you don't own horses and you don't plan on owning horses in 2017  
you can check this box if you do not need or want 3<sup>rd</sup> party liability insurance

\_\_\_\_\_ \$40 - Associate (for all other supporters) (No 3<sup>rd</sup> party liability, No voting privileges)

Categories (mark all that apply): Driver \_\_\_\_\_ Trainer \_\_\_\_\_ Owner \_\_\_\_\_ Breeder \_\_\_\_\_ Caretaker/Groom \_\_\_\_\_

I, \_\_\_\_\_ do hereby apply for membership in the IHHA.  
Applicants signature required Date I also hereby give permission for the IHHA to send information to me by e-mail and text.

**Make checks payable to IHHA & return with this form to:  
IHHA - Suite 432, 15 Spinning Wheel Road, Hinsdale, IL 60521.**

A portion of your dues are allocated to the IHHA Political Action Committee. This portion of your membership dues are not deductible for federal or state tax purposes. A copy of the IHHA PAC report filed with the State Board of Elections is or will be available from the Illinois State Board of Elections, Springfield, IL.