



Illinois Harness Horsemen's Association

Suite 432
15 Spinning Wheel Road
Hinsdale, IL 60521
www.harnessillinois.com

(630) 323-0808
(800) 572-0213 Toll Free In Illinois
(630) 323-0761 Fax

2018 Membership Application

It is time to join or renew your annual membership for the year 2018. All current memberships will expire on December 31, 2017. 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 3rd 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 2018
you can check this box if you do not need or want 3rd party liability insurance

_____ \$40 - Associate (for all other supporters) (No 3rd 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.