



P.O. Box 429  
 44 Crawford Crescent, Second Floor  
 Campbellville, ON L0P 1B0  
 Phone: (905) 854-OHHA (6442) Toll Free: 1-866-774-OHHA (6442) Fax: 905-854-6103  
 WEBSITE: [www.ohha.ca](http://www.ohha.ca) E-MAIL: [info@ohha.ca](mailto:info@ohha.ca) GST#104000542

**NOTE: U.S. residents may become OHHA members and receive members' liability insurance. U.S. 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.**

## RENEWAL OF OHHA MEMBERSHIP

Select your desired membership term and enclose payment: You will automatically be invoiced for renewal of your membership.

1-year (\$12)       3-years (\$36)       5-years (\$60)

Honorary \* (no charge)

\* Honorary status is reserved for members who are turning 70 years of age – Please submit signed form only.

How 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.	Surname	Given 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	