

Membership Information Form Old Chatham Hunt Club, Inc. P.O. Box 93 Old
Chatham, NY 12136 518-766-4340 www.theoldchathamhuntclub.com

FOXHUNTING MEMBERSHIPS

_____ Family Membership	\$2,500
<i>Adult or adult couple, including dependent children up to age 21. Plus Initiation Fee of \$500 for new applicants or \$350 for lapsed prior memberships*</i>	
_____ One Adult Membership	\$1,600
<i>Plus Initiation Fee of \$500 for new applicants or \$350 for lapsed prior memberships*</i>	
_____ Young Adult (under age 30) (non-voting)	\$800
<i>Plus Initiation Fee of \$250 for new applicants and lapsed prior memberships*</i>	
_____ Student (non-voting)	\$500
<i>Full time student, up to the age of 25. Initiation fee waived</i>	
_____ Junior (non-voting)	\$300
<i>One youth rider, up to the age of 18. Initiation fee waived</i>	
_____ Groom (non-voting)	\$275
<i>(Sponsored by Family or Adult member. Groom is only permitted to ride sponsoring member's horses without paying additional cap). Initiation fee waived</i>	

BEAGLING MEMBERSHIPS _____ Single or Family
Membership \$335 *Plus Initiation Fee of \$125 for new applicants*

_____ Junior Membership \$150 *No family member over 30 years old. Initiation fee waived*

Social Membership (non-voting) \$335 *Non-hunting membership Plus Initiation Fee of \$100 for new applicants*

*Note: Members in "good standing" may send a letter to the board requesting a leave of absence for a period of up to one year. Also, if you previously have been an OCHC member and you left in good standing, provide date of last membership and at the discretion of the Board, some or all of the initiation fee for lapsed membership may be waived, if you request such in writing to the Board.

OCHC Membership Information

First Adult Name: _____ D.O.B.: _____
SSN #: _____

(Please indicate address where you prefer mail directed) Address: _____

Telephone: _____

Email: _____
Second Adult: _____ D.O.B.: _____
SSN #: _____

CHILDREN (Please indicate the date of birth if not adult. Also, if applying for a Young Adult, Student or Junior, Membership, please provide DOB for all members of the household)

Name & DOB _____

Name & DOB _____

Name & DOB _____

Name & DOB _____

Name & DOB _____

GROOM MEMBERSHIP (Please Indicate name of your Foxhunting Member sponsor who must have a Full Adult or Family membership. Indicate name of the horse(s) you will be hunting/training/exercising.

Name of Sponsoring Member: _____

Name of horse(s): _____

All MEMBERSHIP CATEGORIES: please list the names of your 2 OCHC member sponsors:

Name: _____ Name: _____

Sponsoring Foxhunting

Master: _____ Sponsoring

Beagling Master: _____

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OCHC Membership Information

Volunteers:

In addition to hosting Breakfasts, Tail-gates, Teas, and Dinners for the Moveable Feast, the Club looks to its members to pitch in and help with its many activities. For example, the club produces a newsletter and often looks to the members to write articles, take photos or donate items for the want ads. Also, much of the maintenance and repair to the Kennels and other Club facilities is performed through donated labor and materials. Do you have skills, talents, special interests, goods that you would consider contributing to the club?

Other OCHC Activities: The OCHC offers Trap Shooting for any category of member; please indicate if you are interested in Trap Shooting. _____. In addition, the OCHC offers many work and fund raising activities for the enjoyment and benefit of the membership. Please indicate if you have any interest in these activities:

Easter Egg Hunt ____ The Dog Ball ____ Moveable Feast ____ Land Owners' Dinner ____
Youth Program ____ Hunt Club Ball ____ Moonlight Beagle ____ Trail Ride ____ Trail Clearing
____ Hunter Pace ____ Mix and Match 2 Phase Event ____ Communications & Community
Committee ____

For all membership categories, anything else you want us to know about you?

Membership Agreement: I agree to conform and abide by the By-Laws and Articles of Incorporation of the Old Chatham Hunt Club, Inc. as are now in force and those which may be adopted by the Board of Directors hereafter.

First Adult: _____ Second Adult: _____
Date Signed: _____ Date Signed: _____

Payment:

Please send completed forms including Waiver of Liability and your check in the amount of
of
the appropriate initiation fee to:

Foxhunting:

Kathy Stoddard
55 Constitution Court
Glenmont, NY 12077
518-439-7505

Beagling and Social:

Ms. Nora Tuttle
192 Merwin Lake Road
Kinderhook, NY 12106
518-758-7772

Annual membership fees will be billed separately.