



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
(888) 601-7223 Toll Free Infoline

2011 Membership Application

It is time again to join or renew your annual membership for the year 2011. All current memberships will expire on December 31, 2010. **Please read this application carefully as there have been some adjustments made to it from previous years.** We need your support in order to provide the various programs that benefit Illinois horsemen. Your dues are also used to represent the horsemen before the Illinois Racing Board, the General Assembly, county fair associations and race track management. **Forms must be signed to ensure voting privileges in Board Elections.** Please review the membership options:

\$50 This provides **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 also includes the newsletter, voting privileges, sulky accident insurance at participating tracks, fire disaster insurance at participating tracks, accident insurance for drivers & trainers at participating tracks and county fairs, free videos to winning owners along with other various benefits.

\$25 Additional Household Family Membership. \$25 for each additional individual insured. **Each additional family member must fill out their own membership form complete with signature and date. (Includes all of the above benefits).**

\$30 This provides only the newsletter for people with in interest in harness racing. Licensed drivers, trainers, owners and breeders are not eligible. **(No voting privileges in IHHA elections)**

Please fill out the application form below. **Sign and date the form** and send it with your payment in the reply envelope provided. We thank you again for your support of the IHHA's efforts. **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:

\$50 - membership (WITH 3rd party) /Training Facility: _____

\$25 -additional household family member (WITH 3rd party)/Training Facility: _____

\$30 Associate - IHHA newsletter only (licensed drivers, trainers, owners & breeders are not eligible)

Categories (mark all that apply): Driver _____ Trainer _____ Owner _____ Breeder _____

I, _____ do hereby apply for membership in IHHA and enclose \$_____.
Applicants signature required Date _____ I also hereby give permission for the IHHA to send information to me via fax.

**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.