



Illinois Harness Horsemen's Association

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

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

2026 Membership Application

It is time to join or renew your annual membership for 2026. Memberships will expire on December 31.

\$40 FULL MEMBERSHIP: This membership is for all owners, drivers, trainers, caretakers/grooms and breeders. Benefits include a third-party liability insurance policy. This covers anyone owning less than 25 horses. If you own more than 25, we encourage you to purchase your own individual policy. This is a secondary policy. For a detailed analysis of the policy, call or e-mail the office and we will send it to you. A full membership 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 fairs.

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

Please fill out the application form below. Sign the form and send it in with your payment in the reply envelope provided. PLEASE INCLUDE YOUR CELL PHONE NUMBER SO YOU CAN RECEIVE UPDATES VIA TEXT.

Name: _____ Cell Phone: _____

Address: _____

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 2026
you can check this box if you do not need or want 3rd party liability insurance

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_____ \$40 - Associate (for all other supporters) (No 3rd party liability insurance, no voting privileges)

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

I, _____ apply for membership in the IHHA.
(Must sign to ensure voting privileges.) _____ Date _____

Make checks payable to Illinois Harness Horsemen's Association & return with this form to:
IHHA - 15 Spinning Wheel Road, Suite 432. 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 available from the Illinois State Board of Elections, Springfield, IL.