

MEMBERSHIP APPLICATION

Come Join Us!

To join BCHW, complete this application, sign the liability release (all members over 18), and enclose payment:

- **Chapter members**, turn application and payment in to your Chapter Treasurer. If paying by check, make out to your chapter.
- **Independent members** make check out to "BCHW", and mail application and payment to: BCHW, ATTN: MEMBERSHIP, 110 W. 6th Ave., PMB 393, Ellensburg, WA 98926.



Member Info-2009

CHC, PO Box 1359, Lake Stevens,

WA 98258

New Member Renewal – Membership number(s): _____

Adult's name(s): _____

Children's name(s): _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone number: _____ E-mail Address: _____

Legislative district (if known): _____ County: _____

State Membership Basic Membership

- Single \$36.00
- Family \$49.00

Optional Membership (includes family or single from above)

- Contributing \$65.00
- Sustaining \$100.00
- Patron \$250.00
- Benefactor \$500.00

Additional State Donation \$ _____

Subtotal \$ _____

Chapter Membership Chapter Name (or Independent):

Cascade Horse Club

Chapter Dues (determined by chapter) \$ **10.00**

Additional Chapter Donation \$ _____

Subtotal \$ _____

Grand Total \$ _____

Liability Release

ALL ADULT members MUST sign!

Recognizing the fact that there is a potential for an accident where ever horse use is involved, which can cause Injuries to horses, riders and spectators and also recognizing the fact that Backcountry Horsemen of Washington, Inc., including Chapters, officers, directors, or members cannot always know the condition of trails or the experience levels of riders or horses taking part in trail rides or other BCHW events, I do hereby release and hold harmless the above named from any claim or right for damages which might occur to me, my minor children, or horses.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

The information on this membership application will be shared with BCH of America, and if so designated by the applicant, the appropriate local chapter of BCHW. Otherwise, the information will not be divulged to any other person or organization without the express permission of the applicant.