

**Backcountry Horsemen
of California**



**MAIL TO: BCHC
MEMBERSHIP
1280 State Rt. 208
Yerington NV 89447**

**MEMBERSHIP
APPLICATION**

PARENT UNIT AFFILIATION: (Select and CHECK a Unit as your Affiliation)

New Renewal
 Change

(indicate change)

Antelope Valley
 Eastern Sierra
 High Country
 High Sierra
 Kern River Valley

Kern Sierra
 Lake-Mendo
 Los Padres
 Mid Valley
 Mother Lode

North Bay
 Pacific Crest
 Redshank Riders
 Redwood
 San Diego
 San Joaquin Sierra

Santa Ana River
 Sequoia
 Shasta Trinity
 Sierra Freepackers
 Sutter Buttes
 Top of the State

DCTR (your Membership

MEMBER'S NAME – No Business Names, Print Clearly SPOUSE/Co-MEMBER'S NAME – MUST SHARE SAME ADDRESS

Street Address/PO Box

City State Zip Code (full 9 digits if known) () Area Code Phone number

Email Address: (please print legibly)

Donation to BCHC Education Fund (tax deductible) \$

Total Enclosed: \$ Check No.

Parent Unit Membership Types (Check one)

Individual \$50 Family \$60 2 Year Individual \$90 2 Year Family \$110 3 Year Individual \$125 3 Year Family \$150

Young Adult (18-25 years old) \$15 – Benefactor \$100 – Patron \$250 – Mt. Whitney \$500

Associate Memberships: An Additional \$15 PER UNIT is added to your Parent Unit Dues

Associate Memberships Unit Affiliations MAY NOT BE FOR THE SAME UNIT AS YOUR PARENT UNIT

Associate Membership for: \$15.00/Unit
Unit Name (from above list)

Associate Membership for: \$15.00/Unit
Unit Name (from above list)

Add additional choices here

Please clip form along dashed line and keep the below portion for your records

Parent BCHC Membership Types

Individual, Family, (Shared*), Benefactor, Patron, and Mt. Whitney

A Parent Membership is affiliated with a single Local Unit. BCHC members may NOT hold more than ONE active Parent Membership.

*A SHARED Membership is for two adults with differing last names who share a common address.

ASSOCIATE MEMBERSHIPS

These special Memberships are only available to persons already holding Parent BCHC Membership. No one may sign up for an Associate Membership without 1) having registered one of the Parent Membership types, and 2) having selected Parent Unit affiliation.

Complete information regarding BCHC Membership is available on the MEMBERSHIP TAB at bhcocalifornia.org or call (775) 463-3634

KEEP FOR YOUR RECORDS

I submitted an Application Form for a new -

<input type="checkbox"/> Individual Membership	\$ 50.00
<input type="checkbox"/> Family (Shared) Membership	\$ 60.00
<input type="checkbox"/> Young Adult (18-25 years old)	\$ 15.00
<input type="checkbox"/> 2 Year Individual	\$ 90.00
<input type="checkbox"/> 2 Year Family	\$110.00
<input type="checkbox"/> 3 Year Individual	\$125.00
<input type="checkbox"/> 3 Year Family	\$150.00
<input type="checkbox"/> Benefactor Membership	\$100.00
<input type="checkbox"/> Patron Membership	\$250.00
<input type="checkbox"/> Mt. Whitney Membership	\$500.00

On that form, I also requested:
Associate Memberships \$
My Total Remittance: \$
My Check Number: _____
Date Mailed: _____

**Verification of
BCHC**

membership is available via (1) BCHC unit president's reports (2) BCHC membership chair reports (3) a self- addressed stamped envelope submitted with this form or (4) a valid email address