Backcountry Horsemen of California

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

> Sierra Freepackers Sutter Buttes Top of the State

MEMBERSHIP

APPLICATION	PARENT UNIT AFFILIATION: (Select and CHECK a Unit as your Affiliation)				
A Family & Youth Oriented Organization	Antelope Valley Eastern Sierra	Los Padres Manzanita Riders	Redshank Riders Redwood	Sierra Freepad Sutter Buttes	
Release 4 2025 (11 Feb 25) New Change	High Country High Sierra Kern River Valley	Mid Valley Mother Lode North Bay	San Joaquín Sierra Santa Ana River Sequoia	Top of the Sta	
Renewal	Kern Sierra		Shasta Trinity		

Renewal Renewal		Shasta Trinity			
DCTR (Your Membership Nun	nber):		_		
MEMBER'S NAME - No Business Names, Print Clearly			SPOUSE/CO-MEN	MBER'S NAME - MU	ST SHARE SAME ADDRESS
Street Address/PO Box					
City	State	• `	9 digits if known)	Area Code Ph	none Number
		doductible) ¢		Check No.	
Parent Unit Membership Ty	`		Enclosed.	CHECK INO.	
1 Year Individual \$60 2 Year Individual \$110 3 Year Individual \$160	1 Ye 2 Ye 3 Ye	ear Family \$75 ear Family \$140 ear Family \$205	Include Date of	, ,	Benefactor \$100 Patron \$250 Mt. Whitney \$500
Associate Membership: An Associate Membership Unit A					UNIT
Associate Membership for:		Unit Name (fron	n above list)	\$15/Unit	
Associate Membership for:		Unit Name (fron	n above list)	\$15/Unit	
Please	clip form a	long dashed line	and keep the below	portion for your reco	ords.

Parent BCHC Membership Types				
Individual, Family, (Shared**), Benefactor, Patron, and Mt. Whitney				
A Parent Membership is with a single Local Unit.				
$\ensuremath{^{**}}\mbox{A}$ 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.

Young Adult Memberships MUST include date of birth on application. The year you turn 24 is the last year you may renew under this membership.

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

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I submitted an Application Form for a -1 Year Individual \$60

- 2 Year Individual \$110 3 Year Individual \$160 1 Year Family \$75 2 Year Family \$140 3 Year Family \$205 Young Adult (18-25 years old) \$15

 - Benefactor \$100 \$250 Patron \$500 Mt. Whitney
- On that form, I also requested:

_Associate Memberships

My Total Remittance:-----My Check Number:

Date Mailed:

Verifying BCHC Membership by

- 1) BCHC Unit President's reports
- 2) BCHC Membership VP reports
- 3) a self-addressed stamped envelope
- submitted with this form
- 4) a valid email address