

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

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Antelope Valley | <input type="checkbox"/> Lake-Mendo | <input type="checkbox"/> Redshank Riders | <input type="checkbox"/> Shasta Trinity |
| <input type="checkbox"/> Eastern Sierra | <input type="checkbox"/> Los Padres | <input type="checkbox"/> Redwood | <input type="checkbox"/> Sierra Freepackers |
| <input type="checkbox"/> High Country | <input type="checkbox"/> Mid Valley | <input type="checkbox"/> San Diego | <input type="checkbox"/> Sutter Buttes |
| <input type="checkbox"/> High Sierra | <input type="checkbox"/> Motherlode | <input type="checkbox"/> San Joaquin Sierra | <input type="checkbox"/> Top of the State |
| <input type="checkbox"/> Kern River Valley | <input type="checkbox"/> North Bay | <input type="checkbox"/> Santa Ana River | |
| <input type="checkbox"/> Kern Sierra | <input type="checkbox"/> Pacific Crest | <input type="checkbox"/> Sequoia | |

DCTR (Your Membership Number): _____

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: _____

Donation to BCHC Education Fund (Tax deductible) \$ _____

Total Enclosed: \$ _____ Check No. _____

Parent Unit Membership Types (Check One)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 1 Year Individual \$50 | <input type="checkbox"/> 1 Year Family \$60 | <input type="checkbox"/> Young Adult (18-25 years old) \$15 | <input type="checkbox"/> Benefactor \$100 |
| <input type="checkbox"/> 2 Year Individual \$90 | <input type="checkbox"/> 2 Year Family \$110 | <input type="checkbox"/> Youth (12-17 years old) \$15* | <input type="checkbox"/> Patron \$250 |
| <input type="checkbox"/> 3 Year Individual \$125 | <input type="checkbox"/> 3 Year Family \$150 | *Youth members MUST fill out BOTH Youth Membership forms (available online) | |
| | | | <input type="checkbox"/> 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/Unit
Unit Name (from above list)

Associate Membership for: _____ \$15/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 if 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.

Youth Memberships

Youth Memberships MUST be accompanied by a signed Youth Membership Permission Release and Youth Parent Permission Form. A Youth Membership is NOT valid until BCHC or the Parent Unit has received signed copies of these forms.

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

KEEP FOR YOUR RECORDS

I submitted an Application Form for a new -

- | | |
|--|-------|
| <input type="checkbox"/> 1 Year Individual | \$50 |
| <input type="checkbox"/> 2 Year Individual | \$90 |
| <input type="checkbox"/> 3 Year Individual | \$125 |
| <input type="checkbox"/> 1 Year Family | \$60 |
| <input type="checkbox"/> 2 Year Family | \$110 |
| <input type="checkbox"/> 3 Year Family | \$150 |
| <input type="checkbox"/> Young Adult (18-25 years old) | \$15 |
| <input type="checkbox"/> Youth (12-17 years old) | \$15* |
| <input type="checkbox"/> Benefactor | \$100 |
| <input type="checkbox"/> Patron | \$250 |
| <input type="checkbox"/> Mt. Whitney | \$500 |

On that form, I also requested:

_____ Associate Memberships \$ _____

My Total Remittance: \$ _____

My Check Number: _____

Date Mailed: _____

Verification of BCHC Membership

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
- 4) a valid email address