

NON-RESIDENTS
 STATE MEMBERSHIP
 APPLICATION

Come Join Us!

Please go to BCHW.org to join online it's easier and faster! If online is not an option then print out an application, read and sign the liability release (all members **18 and over**), and enclose your cash or check:

- **Chapter members:** You can renew online. If paying by check, make it out **TO YOUR CHAPTER**, fill out an application and turn it in to the Chapter Membership Chair.
- **Independent members** (folks who are **not** joining a chapter), make check out to "BCHW", and mail application and payment to:
- **Dana Chambers ATTN: MEMBERSHIP, 11404 210th Ave Ct E, Bonney Lake, WA 98391**

This membership application and liability release may not be altered except for including the chapter name, address and dues where applicable.



NEBCHW Membership Chair
23415 N. Crescent Rd.
Chattaroy, WA 99003

Member Info

New Member

Renewal

Adult's name(s): _____

Children's name(s): _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Phone number: _____ E-mail: _____

Legislative district (if known): _____ County: _____

I DON'T WANT A MAILED NEWSLETTER:

BCHW (Trailhead News)

Chapter Newsletter

STATE MEMBERSHIP

Basic Memberships

Single \$41.00

Family \$54.00

Levels below include Single and Family

Contributing \$75.00

Sustaining \$125.00

Patron \$250.00

Benefactor \$500.00

Lifetime (Single) \$1200.00

State dues paid online (attach receipt copy)

Additional State Donation \$ _____

State Subtotal \$ _____

CHAPTER MEMBERSHIP

All chapter members must also be a member of BCHW. However, BCHW dues only need to be paid **once** each year. Joining additional (secondary) chapters only requires paying chapter dues.

Chapter Name (or Independent):

NORTHEAST

If joining a secondary Chapter, provide the Chapter name where BCHW dues have been paid for 2020:

Chapter Dues **\$10.00**

Additional Chapter Donation \$ _____

Chapter Subtotal \$ _____

Grand Total (State+Chapter) \$ _____

LIABILITY RELEASE & NOTICES

By signing this membership application, I confirm that I have read and understand the Liability Release accompanying this application and agree to its terms. (SEE REVERSE)

By signing this membership application, I agree to receive notices from BCH by electronic transmission at the above email address.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

“See payment and mailing info above”



BACK COUNTRY HORSEMEN OF WASHINGTON LIABILITY RELEASE

THIS LIABILITY RELEASE IS AN INTEGRAL PART OF THE BCHW MEMBERSHIP APPLICATION LOCATED ON THE REVERSE SIDE OR ACCOMPANYING THIS FORM. BY SIGNING THE APPLICATION, YOU ARE ALSO AGREEING TO THE TERMS OF THE LIABILITY RELEASE.

Read this document carefully before signing, it affects your legal rights. It must be signed by all Back Country Horsemen of Washington members.

Hazards and Risks: By signing below, I acknowledge that using horses, mules, equipment and tools may expose myself and/or my child, if I am signing for a minor child, to hazards. Horses or mules can misbehave or flee. Riding in open country could result in injury caused by dangerous or unstable riding surfaces, trail obstructions of various kinds, water crossings, wild animals, poisonous plants, extreme weather conditions, and other hazards. Other risks include errors of judgement by BCHW representatives assisting with this activity, or the misuse or failure of equipment and tools provided, if any. These hazards could result in property damage, serious physical injury, or death.

Additional Provisions: I authorize BCHW to provide or obtain for me medical care as is considered necessary or appropriate and I agree to pay all costs associated with such care and related transportation. I agree to pay all costs and legal fees incurred by BCHW in defending a claim or suit brought by me or on my behalf, or on behalf of the minor for whom I sign.

Acknowledgement, Assumption of Risk and Compensation: I understand the nature of the activities I will be participating in, and their risks. I accept full responsibility for determining my own medical and physical ability to participate in the activities and that of my mount. I take full responsibility for any injury or loss, including death, which I may suffer, arising out of these activities, whether or not described above, including the loss, injury or death of my animals. **I hereby release BCHW, its members and the land owners from any liability for any such injury or loss to me and/or my minor child, if I am signing for a minor child, whether stated above or not.**

Back Country Horsemen of Washington (BCHW) is a public charity as defined in Internal Revenue Code Section 501(c) (3). Accordingly, membership dues paid to BCHW may be treated as deductions characterized as "charitable contributions" when computing federal and state income tax obligations.