

BACK COUNTRY HORSEMEN OF CENTRAL ARIZONA
www.bchcaz.org

MEMBERSHIP APPLICATION

I AGREE TO UPHOLD THE PURPOSES OF BACK COUNTRY HORSEMEN OF AMERICA AND DESIRE MEMBERSHIP IN THE LOCAL CHAPTER AFFILIATE, BCHCAZ.

I/we understand that I/we must sign the waiver/release form on the back of or attached with this application before I/we will be accepted for membership in, or permitted to participate in any BCHCAZ activity.

NAME _____ BIRTHDATE _____

SIGNATURE _____ DATE _____

SPOUSE NAME _____ BIRTHDATE _____

SIGNATURE _____ DATE _____

OTHER IMMEDIATE FAMILY MEMBERS

1. _____ BIRTHDATE _____

2. _____ BIRTHDATE _____

3. _____ BIRTHDATE _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

BUSINESS PHONE _____

CELL PHONE _____

SPOUSE CELL PHONE _____

EMAIL _____

We make every effort to blind carbon copy so your email address is not public info. Emailing is very important as we will email most notices and information if possible. This saves a lot of work, paper, copying costs and postage. Please provide an email address if you have one.

ANNUAL MEMBERSHIP DUES ARE \$ 35 PER HOUSEHOLD (please include all your household members)

Note that voting memberships above also become members of BCHA and receive their newsletter

All dues are due by January 1 of each year. Dues are not prorated for portions of a year.

You must also Sign the Hold Harmless Agreement / Participant Release Waiver Form on back or attached

Return both forms & check to: BCHCAZ, P.O. Box 4486, Chino Valley, AZ 86323

OVER
SEE BACK AND COMPLETE

