Backcountry Horsemen of California

Complete information regarding BCHC Membership

is available on the MEMBERSHIP TAB at

bchcalifornia.org or call (775) 463-3634

MEMBERSHIP APPLICATION



MAIL TO: BCHC

MEMBERSHIP 1280 State Rt. 208 Yerington, NV 89447

APPLICATION	PARENT UNIT AFFILIATION: (Select and CHECK a Unit as your Affiliation)				
	Antelope Valle	_	Lake-Mendo	Pacific Crest	Shasta Trinity
New Renewal	Eastern Sierra		Los Padres	Redshank Riders	
I Kellewal	High Country		Manzanita Riders	Redwood	Sutter Buttes
Change	High Sierra		Mid Valley	San Joaquin Sierra	
	Kern River Vall	ev	Motherlode	Santa Ana River	
	Kern Sierra	-	North Bay	Sequoia	
	Refit Steffu	_]1	
DCTR (Your Membership Nu	mber):				
MEMBER'S NAME - No Busin	ness Names, Print Cl	early	SPOUSE/CO-MEM	BER'S NAME - MU	ST SHARE SAME ADDRESS
Street Address/PO Box					
City	State Zip Co	ode (fu	ll 9 digits if known)	Area Code Ph	one Number
Email Address:					
Email Address:					
Donation to BCHC Education	Fund (Tax deductibl	e) —	Enclosed: \$	Check No	_
	1 Year Family 2 Year Family 3 Year Family Additional \$15 PER t Affiliations MAY N Unit Na Unit Na Add add clip form along das	y \$110 y \$150 R UNIT OT BE Time (fr	Youth (12-17 yea *Youth members MU Youth Membership f T is added to yout Parent FOR THE SAME UNIT A om above list) om above list) al choices here ne and keep the below po	OST fill out BOTH orms (available online) Unit Dues AS YOUR PARENT \$15/Unit \$15/Unit	rds.
Parent BCHC Membership Types Individual, Family, (Shared**), Benefactor, Patron, and Mt. Whitney		KEEP FOR YOUR RECORDS I submitted an Application Form for a new -			Verification of BCHC Membership
A Parent Membership is affiliated with a BCHC Members may NOT hold more that Membership. **A SHARED Membership if for two adulus who share a common address. Associate Memberships These special Memberships are only available holding Parent BCHC Membership. No of Associate Membership without 1) having Parent Membership types, and 2) having affiliation.	In ONE active Parent Its with differing last names lable to persons already the may sign up for an the registered one of the	2 3 1 2 3 Y	Year Individual Year Individual Year Individual Year Family Year Family Year Family oung Adult (18-25 years old) outh (12-17 years old) enefactor	\$50 \$90 \$125 \$60 \$110 \$150 \$15 \$15* \$100 \$250	Verification of BCHC Membership is available via: 1) BCHC Unit President's reports 2) BCHC Membership Chair reports 3) a self addressed
Youth Memberships		I 	It. Whitney	\$500	stamped envelope
Youth Memberships MUST be accompan Membership Permission Release and You			•		submitted with this
Form. A Youth Membership is NOT valid until BCHC or the Parent Unit has received signed copies of these forms.			at form, I also requested: Associate Membersh	ips \$	form 4) a valid email address

My Total Remittance:

My Check Number:

Date Mailed: