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Come Join Us!

To join BCHW, complete this application, sign the liability release (all members over 18) and enclose payment:

Chapter members, turn application and payment in to **Whatcom BCH Chapter Treasurer, Shirley Todhunter, 5998 Fazon Rd. Bellingham, WA 98226**

Independent members make check out to "BCHW" and mail application and payment to BCHW, ATTN: MEMBERSHIP, 110 W. 6th Ave; PMB 393, Ellensburg, WA 98926



Member Info

New Member

Renewal--Membership number(s): _____

Adult's name (s): _____

Children's names(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Legislative district (if known): _____ County: _____

State Membership

Chapter Membership

Basic Membership:

Single **\$36.00**
Family **\$49.00**

Chapter Name: (or Independent): _____

WHATCOM CHAPTER



Whatcom

Chapter Dues

(determined by Chapter) **\$10.00**

Optional Membership (includes family or single from above)

Contributing \$65.00
Sustaining \$100.00
Patron \$250.00
Benefactor \$500.00

Additional Chapter Donation: +\$ _____

Additional State Donation \$ _____

Subtotal (from left column): +\$ _____

Subtotal \$ _____

Grand total from left column & right column=\$ _____

Liability Release

ALL ADULT MEMBERS MUST SIGN!

Recognizing the fact that there is a potential for an accident where ever horse use is involved, which can cause injuries to horses, riders and spectators and also recognizing the fact that Backcountry Horsemen of Washington, Inc.; including Chapters, officers, directors, or members cannot always know the condition of trails or the experience levels of riders or horses taking part in trail rides or other BCHW events, I do hereby release and hold harmless the a above named from any claim or right for damages which might occur to me, my minor children, or horses.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

The information on this membership application will be shared with BCH of America, and if so designated by the applicant the appropriate local chapter of BCHW. Otherwise, the information will not be divulged to any other person or organization without the express permission of the applicant

- Do you want your name, address and phone number listed on the Whatcom membership list? _____
- If you wish to only have part of the information listed, please indicate what you want listed _____
- Areas of Interest**-Circle any that apply: Trail Maintenance/work parties; food preparation; Legislation; Rides; Packing; Hospitality; LNT; fund raisers