

NON-MEMBERSHIP APPLICATION

## Come Join Us!

Please go to BCHW.org, print out an application, read the Liability Release and sign, (all members **18 and over**), and enclose your cash or check:

- **Chapter members:** If paying by check, make it out **TO YOUR CHAPTER, 5380 SE Arcadia Rd, Shelton, WA 98584**
- **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 210<sup>th</sup> Ave Ct E, Bonney Lake, WA 98391**



**Oakland Bay**

### Member Info

New Member                       Renewal                      Emailed Membership Card Request \_\_\_\_\_

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

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):

**Oakland Bay**

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.