

Socorro Back Country Horseman Chapter 2017 Membership Application

Please list all names for family membership. Children over 18 may be included in family membership or may join as an individual. Name(s): Address:____ Home Phone: Work/Cell: Email: **Emergency Contacts:** Name:_____Telephone____ Name: Telephone Preferred Hospital/Physician I/We realize there are inherent risks involved in all activities with equine animals and I/We hereby release BCHA/SBCH/NM and its Officers, Directors and Membership, from liability for any accident, injury, or death that may occur to myself/ourselves or my/our equine by participation in any Back Country Horsemen of America activity. In accordance with EQUINE LIABILITY ACT SJC/SENATE BILL 268.a.a. 1993. I/We further understand that I/We are fully responsible for our minor children and release BCHA/ SBCH/NM of any and all liability for any accident, injury, and/or death of any minor child. Children under the age of eighteen (18) years are not allowed to participate in any BCHA activity unless accompanied by a parent or legal guardian. I have read, understand, and agree to comply with the Ride Rules and Trail Etiquette of the Socorro chapter of the BCHNM. Dues: \$30.00 - annually for individual \$45.00 - annually for family \$5.00 - One time Event.

Please mail application and your dues to: Socorro BCH 102 Romero Dr. Veguita NM 87062

Signature Date

Date

Associate Membership \$10.00 (must be a paid-up member of another chapter)

____Home Chapter

Signature _____