



2019 Membership Application Form

Amount Paid: \_\_\_\_\_

PAID BY:  CASH  CHECK CK# \_\_\_\_\_

Date Received: \_\_\_\_\_

Membership Application to join the SAN JUAN BACK COUNTRY HORSEMEN (SJBCH)

\_\_\_\_\_ Membership Renewal OR \_\_\_\_\_ NEW Membership Application

Print a Copy, fill in (PLEASE PRINT LEGIBLY) and mail with check to: SJBCH, P.O. Box 682, Pagosa Springs, CO. 81147

Member Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ Family \$40.00 \_\_\_\_\_ Individual \$35.00 \_\_\_\_\_ At-Large \$25.00 Support Only \_\_\_\_\_ Multiple BCH member (Associate) \$20.00 -Provide proof of your Parent Unit BCHCO Membership

Make Checks Payable: "San Juan Back Country Horsemen" or "SJBCH"

Donations are welcome, Donation Amount \$ \_\_\_\_\_

Unless marked NO, the SJBCH may use my e-mail address and/or phone for member-use contact information: NO \_\_\_\_\_

Participation: I am interested and would donate my time for: Trails Projects \_\_\_\_\_

Social Rides \_\_\_\_\_ Education: Meetings/Clinics \_\_\_\_\_ Fund Raising \_\_\_\_\_ Newsletter Assistance \_\_\_\_\_

Public Affairs \_\_\_\_\_ Administrative \_\_\_\_\_ Other: \_\_\_\_\_

I am aware that the activities involving horses can be inherently dangerous and hazardous, and thereby agree to accept any and all risks of injuries or death that may be associated with participation in events sponsored by the San Juan Back Country Horsemen. I (we) hereby release the San Juan Back Country Horsemen, each and every member, officer and director, agent, employee of any and all liability, which may be sustained in connection with the club's activities pursuant to section 13-21-119, Colorado Revised Statutes.

Signature REQUIRED for ALL participating members registering with SJBCH (San Juan Back Country Horsemen)

Print 1) \_\_\_\_\_ signature 1) \_\_\_\_\_ / /

Print 2) \_\_\_\_\_ signature 2) \_\_\_\_\_ / /