

NEW MEMBERSHIP APPLICATION

membership@bchcalifornia.net – (866) 748-2033

MAIL TO: Backcountry Horsemen of California
PO Box 1610
Oakdale, CA 95361-1610

PARENT Unit Affiliation: (Select and CIRCLE ONE Unit as your Primary Unit Affiliation)

Antelope Valley	Kern River Valley	Mojave River	Redwood	Sequoia
Caballeros del Sol	Kern Sierra	Mother Lode	San Diego	Shasta Trinity
Eastern Sierra	Lake-Mendo	North Bay	San Geronio Pass	Sierra Freepackers
High Country	Los Padres	Ohlone Riders	San Joaquin Sierra	Sutter Buttes
High Sierra	Mid Valley	Redshank Riders	Santa Ana River	Top of the State

DCTR (your Membership Number): _____ (For new memberships, will be determined by Membership Coordinator)

MEMBER'S NAME—No Business Names; Print Clearly

SPOUSE / Co-MEMBER'S NAME—MUST SHARE SAME ADDRESS

Address _____

City _____

State _____

Zip Code (full 9 digits, if known) _____

Area Code _____ Phone _____

Total Enclosed: \$ _____ Check No.: _____

Parent Unit Membership Types: (CIRCLE ONE)

Individual \$40.00* Family \$50.00* Benefactor \$100.00 Patron \$250.00 Mt Whitney \$500.00

* = BCHC shares portion of dues with Backcountry Horsemen of America.

Associate Memberships: AN ADDITIONAL \$15.00 PER UNIT IS ADDED TO YOUR PARENT UNIT DUES.

ASSOCIATE MEMBERSHIP UNIT AFFILIATIONS **MAY NOT** BE FOR THE SAME UNIT AS YOUR PARENT UNIT.

Associate Membership for: _____ \$15.00/unit
Unit Name (from above list)

Associate Membership for: _____ \$15.00/unit
Unit Name (from above list)

Please write additional choices on back.

Please clip form along dashed line.

Parent BCHC Membership Types

Individual, Family (Shared*), Benefactor, Patron, and Mt Whitney. A Parent Membership is affiliated with a single Local Unit. BCHC members may NOT hold more than one active Parent Membership.

A SHARED Membership is for two adults with differing last names, each sharing a common address.

Associate Memberships

These special Memberships are only available to persons already holding Parent BCHC Membership. No one may sign up for an Associate Membership without 1) having registered one of the Parent Membership types, and 2) having selected Parent Unit affiliation.

- You may sign-up for as many Associate Memberships as you like.
- Associate Memberships may also be initiated at any time during the term of your Parent Membership.
- Associate Memberships must expire concurrently with the Parent Membership, and are renewable only at the time of renewal of the Parent Membership.

Complete information regarding BCHC Memberships is available on the MEMBERSHIP pages at BCHCalifornia.net.

KEEP FOR YOUR RECORDS

I submitted an Application Form for a new –

- Individual Membership \$ 40.00
- Family (Shared) Membership \$ 50.00
- Benefactor Membership \$ 100.00
- Patron Membership \$ 250.00
- Mt Whitney Membership \$ 500.00

On that form, I also requested –

_____ Associate Memberships \$ _____

My Total Remittance: \$ _____

My Check Number: _____

Date Mailed: _____

If you find it necessary to communicate with BCHC about this SIGN-UP, please send email to

membership@bchcalifornia.net

Or phone

1-866-748-2033 (Toll Free)
(In the 209 area code, call 847-6118)