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Come Join Us!

To join or to renew your membership with BCHW, complete this application:

- Please PRINT LEGIBLY so information will be recorded correctly.
- Sign the Liability Release. (Required by all members **18 and over**).
- Make checks out to **Nisqually BCHW**.
- Turn application and payment in to the Chapter Treasurer at meeting.
Or, mail to the following address - **Attn: Treasurer**



Nisqually BCHW PO Box 641 Yelm WA 98597-0641

Member Info **Membership number(s):** _____

New Member **Renewal** **I Pay my State membership dues thru** _____ **chapter**

Adult's name(s) 1: _____

2: _____

Children's name(s): _____

Mailing Address: _____

City: _____ State: _____ ZIP _____ Phone#: (____) _____

E-mail 1: _____ E-mail 2: _____

Legislative district (if known): _____ County: _____

State Membership

Basic Membership

- Single \$ 36.00
- Family \$ 49.00

Optional Membership

(Includes family or single from above)

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

Additional State Donation \$ _____

Subtotal A \$ _____

Chapter Membership

Chapter Name :

Nisqually

Chapter Dues \$ 10.00

Additional Chapter Donations \$ _____

Subtotal B \$ _____

Grand Total (A+B) \$ _____

Do you want your newsletter electronically or do you want it mailed to you?

(check one box) **Electronic** **Mailed** **Chapter Web address: www.ncbchw.com**

Liability Release & Notices

All Adult members Must sign! Unsigned applications WILL be returned.

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 Back Country 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 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.

Back Country Horsemen of Washington, (includes Nisqually Chapter BCHW), has been approved by the Internal Revenue Service for "public charity" status 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.