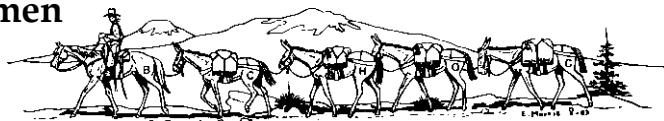


Backcountry Horsemen of California



MAIL TO: **BCHC**
MEMBERSHIP
1280 State Rt. 208
Yerington, NV 89447

MEMBERSHIP APPLICATION

A Family & Youth
Oriented Organization

Release 4 2025 (11 Feb 25)

☐ New ☐ Change

☐ Renewal

PARENT UNIT AFFILIATION: (Select and CHECK a Unit as your Affiliation)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Antelope Valley | <input type="checkbox"/> Los Padres | <input type="checkbox"/> Redshank Riders | <input type="checkbox"/> Sierra Freepackers |
| <input type="checkbox"/> Eastern Sierra | <input type="checkbox"/> Manzanita Riders | <input type="checkbox"/> Redwood | <input type="checkbox"/> Sutter Buttes |
| <input type="checkbox"/> High Country | <input type="checkbox"/> Mid Valley | <input type="checkbox"/> San Joaquín Sierra | <input checked="" type="checkbox"/> Top of the State |
| <input type="checkbox"/> High Sierra | <input type="checkbox"/> Mother Lode | <input type="checkbox"/> Santa Ana River | |
| <input type="checkbox"/> Kern River Valley | <input type="checkbox"/> North Bay | <input type="checkbox"/> Sequoia | |
| <input type="checkbox"/> Kern Sierra | | <input type="checkbox"/> Shasta Trinity | |

DCTR (Your Membership Number): _____

MEMBER'S NAME - No Business Names, Print Clearly

SPOUSE/CO-MEMBER'S NAME - MUST SHARE SAME ADDRESS

Street Address/PO Box

City State Zip Code (full 9 digits if known) Area Code Phone Number

Email Address: _____

Email Address: _____

Donation to BCHC Education Fund (Tax deductible) \$ _____ Enclosed: _____ Check No. _____

Parent Unit Membership Types (Check One)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 1 Year Individual \$60 | <input type="checkbox"/> 1 Year Family \$75 | <input type="checkbox"/> Young Adult (18-25 years old) \$15 | <input type="checkbox"/> Benefactor \$100 |
| <input type="checkbox"/> 2 Year Individual \$110 | <input type="checkbox"/> 2 Year Family \$140 | Include Date of Birth / / | <input type="checkbox"/> Patron \$250 |
| <input type="checkbox"/> 3 Year Individual \$160 | <input type="checkbox"/> 3 Year Family \$205 | | <input type="checkbox"/> Mt. Whitney \$500 |

Associate Membership: An Additional \$15 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/Unit
Unit Name (from above list)

Associate Membership for: _____ \$15/Unit
Unit Name (from above list)

Please clip form along dashed line and keep the below portion for your records.

Parent BCHC Membership Types

Individual, Family, (Shared**), Benefactor, Patron, and Mt. Whitney

A Parent Membership is with a single Local Unit.

**A SHARED Membership is for two adults with differing last names who share 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.

Young Adult Memberships MUST include date of birth on application. The year you turn 24 is the last year you may renew under this membership.

Complete information regarding BCHC Membership
is available on the MEMBERSHIP TAB at
bchcalifornia.org or call (775) 463-3634

KEEP FOR YOUR RECORDS

I submitted an Application Form for a -

- | | |
|--|-------|
| <input type="checkbox"/> 1 Year Individual | \$60 |
| <input type="checkbox"/> 2 Year Individual | \$110 |
| <input type="checkbox"/> 3 Year Individual | \$160 |
| <input type="checkbox"/> 1 Year Family | \$75 |
| <input type="checkbox"/> 2 Year Family | \$140 |
| <input type="checkbox"/> 3 Year Family | \$205 |
| <input type="checkbox"/> Young Adult (18-25 years old) | \$15 |
| <input type="checkbox"/> Benefactor | \$100 |
| <input type="checkbox"/> Patron | \$250 |
| <input type="checkbox"/> Mt. Whitney | \$500 |
| <input type="checkbox"/> On that form, I also requested: | |

_____ Associate Memberships

My Total Remittance: _____

My Check Number: _____

Date Mailed: _____

Verifying BCHC Membership by

- 1) BCHC Unit President's reports
- 2) BCHC Membership VP reports
- 3) a self-addressed stamped envelope submitted with this form
- 4) a valid email address