



**EAST VALLEY BACK COUNTRY HORSEMEN (EV BCH)
MEMBERSHIP APPLICATION**

I/we agree to uphold the purposes and missions of the Back Country Horsemen of America (BCHA), to actively participate as a volunteer, to understand our future access to trails is crucial, to embrace "Keeping Trails Open for All" and "Keeping Public Lands in Public Hands."

I/we understand that I/we must sign the EV BCH Hold Harmless Agreement/Participant Waiver of Claims/and Release of Liability Form before I/we will be accepted for membership in, or be permitted to participate, in any EV BCH activity.

Print Name:

Signature:

Date of Signature:

Email Address:

Cell Phone:

Print Spouse Name:

Member or Emergency Contact only
(Please Circle which applies)

Signature:

Date of Signature:

Email Address:

Cell Phone:

Immediate Family Member(s) to be Included in EV BCH Family Membership:

Print Name:

18yrs or older
(Circle) Yes or No

*Parent or Guardian Signature required for members
18 years or younger:*

Signature:

Date of Signature:

Email Address:

Cell Phone:

Print Name:

18yrs or older
(Circle) Yes or No

*Parent or Guardian Signature required for members
18yrs or younger:*

Signature:

Date of Signature:

Email Address:

Cell Phone:

***NOTE: If member is under the age of 18, parent/guardian must sign and be present at all events. All members under 18 are required to wear helmets for EV BCH sponsored rides.**



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Winter Address

City State Zip Code

Summer Address

City State Zip Code

Getting to know you....

1. Are you joining as "Dual Membership"? YES [] NO []
If yes, list home chapter _____

2. Are you interested in participating (check all that apply)

Trail & Work Projects _____ Packing _____ Leading Rides _____ Social Activities _____

Membership _____ Fundraising _____ Grant Writing _____ Education _____ Public Affairs _____

3. Do you have a skill that could help with #4? YES [] NO []
Please Specify Skills _____

4. Do you have a pack horse or mule? YES [] NO []

5. Do you have pack equipment? YES [] NO []

Why did you decide to join EVBCH? _____

Membership runs Jan. 1 through Dec. 31.

Annual Membership dues are \$35 for an Individual and \$40 for a Family. Members of other Chapters (in Arizona or out of state) pay \$20. Associates pay \$35 (Business Organizations). If you have questions, email Membership Committee Chairperson, Mreen Helm at membership@evbch.org.

To join send your check payable to EVBCH, Membership Application, and Hold Harmless Agreement to EVBCH, PO Box 2928, Apache Junction, AZ, 85117.