



2020

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) _____ / /