

Application Form

Amount Paid: _____

Paid by: Check

Cash

Check # _____

Membership Application to join the BUFFALO RIVER BACK COUNTRY HORSEMEN (BRBCHA)

Renewal

New Member

Please print a copy, fill out and mail with check to:

Elaine Appel, 10039 Erbie Cutoff Rd, Harrison, AR 72601

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Family \$35.00

Individual \$25.00

Make checks payable to: Buffalo River Back Country Horsemen or BRBCHA

Donations are welcome, Donation amount \$ _____

BRBCHA may use my email address and/or phone for member-use contact information Yes No

Participation: I am interested in: Trails Projects/Social Rides Education: Meetings/Clinics Fund

Raising Administrative Public Affairs

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 BRBCHA. I (we) hereby release the Buffalo River 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.

Signature(s) Required

Print: _____

Signature(s) _____

Date: _____