

APPLICATION FORM

BUFFALO RIVER CHAPTER OF BACK COUNTRY HORSEMEN OF AMERICA

Amount Paid: _____ Paid by: Check ___ Check# _____ Check dated _____ Paid Cash _____ Date Paid _____

Added to FB: _____ Added to email: _____ Added to Membership Roster _____

Please complete and return, make check payable to: BRCBCHA

MAIL TO: Elaine M Appel, 10039 Erbie Cutoff Road, Harrison, AR 72601 phone 513-477-0598

Renewal _____ New Member _____

_____ Family \$40, please include all family member names below

_____ Single/Individual \$30

_____ Family Affiliate \$11 (when your Primary membership is with another chapter) Chapter name: _____

_____ Single Affiliate \$7 (when your Primary membership is with another chapter) Chapter name: _____

New members joining after October 1st will include membership for the following year.

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phones: _____ Email _____

Are you on Facebook? Yes _____ No _____

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

Participation: I am interested in: Trail 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 BRCBCHA. I (we) hereby release the Buffalo River Chapter of Back Country Horsemen, each and every member, officers and directors, agents, and employees, of any and all liability which may be sustained in connection with the club's activities.

Signature (s) Required

Print Name/Names: _____

Signatures _____

Guardian Signature, if Applicable: _____

Date _____