

## NEW MEMBERSHIP APPLICATION

membership@bchc.com – (866) 748-2033

**MAIL TO:** Backcountry Horsemen of California  
PO Box 1610  
Oakdale CA 95361-1610

**PARENT Unit Affiliation: (Select and CIRCLE ONE Unit as your Unit Affiliation)**

|                    |                   |                 |                    |                    |
|--------------------|-------------------|-----------------|--------------------|--------------------|
| Antelope Valley    | High Sierra       | Mojave River    | San Diego          | Sierra Freepackers |
| Borrego Valley     | Kern River Valley | Mother Lode     | San Geronio Pass   | Sutter Buttes      |
| Caballeros del Sol | Kern Sierra       | North Bay       | San Joaquin Sierra | Top of the State   |
| Eastern Sierra     | Lake-Mendo        | Ohlone Riders   | Santa Ana River    |                    |
| Gavilan Pass       | Los Padres        | Redshank Riders | Sequoia            |                    |
| High Country       | Mid Valley        | Redwood         | Shasta Trinity     |                    |

DCTR (your Membership Number: \_\_\_\_\_) (For new memberships, will be determined by Membership Coordinator)

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

Total Enclosed: \$ \_\_\_\_\_ Check No.: \_\_\_\_\_

### Parent Unit Membership Types: (CIRCLE ONE)

**Individual \$40.00\***   **Family \$50.00\***   **Benefactor \$100.00**   **Patron \$250.00**   **Mt Whitney \$500.00**

\* = BCHC shares portion of dues with Backcountry Horsemen of America.

**Associate Memberships: AN ADDITIONAL \$15.00 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: \_\_\_\_\_ \$15.00/unit  
Unit Name (from above list)

Associate Membership for: \_\_\_\_\_ \$15.00/unit  
Unit Name (from above list)

Please write additional choices on back.

Please clip form along dashed line.

### Parent BCHC Membership Types

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

A Parent Membership is affiliated with a single Local Unit. BCHC members may NOT hold more than one active Parent Membership.

\* 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.

- You may sign up for as many Associate Memberships as you like.
- Associate Memberships may be initiated at any time during the term of your Parent Membership.
- Associate Memberships must expire concurrently with the Parent Membership and are renewable only at the time of renewal of the Parent Membership.

**Complete information regarding  
BCHC Membership is available on the  
MEMBERSHIP pages at BCHC.COM.**

### KEEP FOR YOUR RECORDS

I submitted an Application Form for a new –

- |   |    |        |
|---|----|--------|
| <input type="checkbox"/> Individual Membership      | \$ | 40.00  |
| <input type="checkbox"/> Family (Shared) Membership | \$ | 50.00  |
| <input type="checkbox"/> Benefactor Membership      | \$ | 100.00 |
| <input type="checkbox"/> Patron Membership          | \$ | 250.00 |
| <input type="checkbox"/> Mt Whitney Membership      | \$ | 500.00 |

On that form, I also requested –

\_\_\_\_\_ Associate Memberships \$ \_\_\_\_\_

My Total Remittance: \$ \_\_\_\_\_

My Check Number: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

If you find it necessary to communicate with BCHC about this SIGN-UP, please send email to

**membership@bchc.com**

Or phone

1-866-748-2033 (Toll Free)  
(In the 209 area code, call 847-6118)