

**Backcountry Horsemen  
of California**



**MAIL TO: BCHC  
MEMBERSHIP  
1280 State Rt. 208  
Yerington NV 89447**

**MEMBERSHIP  
APPLICATION**

**PARENT UNIT AFFILIATION: (Select and CHECK a Unit as your Affiliation)**

**New**  **Renewal**

**Change**

*(indicate change)*

- |  |                                      |   |   |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Antelope Valley   | <input type="checkbox"/> Kern Sierra | <input type="checkbox"/> North Bay          | <input type="checkbox"/> Santa Ana River    |
| <input type="checkbox"/> Eastern Sierra    | <input type="checkbox"/> Lake-Mendo  | <input type="checkbox"/> Redshank Riders    | <input type="checkbox"/> Sequoia            |
| <input type="checkbox"/> High Country      | <input type="checkbox"/> Los Padres  | <input type="checkbox"/> Redwood            | <input type="checkbox"/> Shasta Trinity     |
| <input type="checkbox"/> High Sierra       | <input type="checkbox"/> Mid Valley  | <input type="checkbox"/> San Diego          | <input type="checkbox"/> Sierra Freepackers |
| <input type="checkbox"/> Kern River Valley | <input type="checkbox"/> Mother Lode | <input type="checkbox"/> San Joaquin Sierra | <input type="checkbox"/> Sutter Buttes      |
|  |                                      |   | <input type="checkbox"/> Top of the State   |

DCTR (your Membership Number): \_\_\_\_\_ (For new memberships - will be assigned by Membership Chair)

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 number \_\_\_\_\_

Email Address: \_\_\_\_\_ (please print legibly)

Donation to BCHC Education Fund (tax deductible) \$ \_\_\_\_\_

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

**Parent Unit Membership Types (Check one)**

- Individual \$50     Family \$60     2 Year Individual \$90     2 Year Family \$110     3 Year Individual \$125     3 Year Family \$150

Young Adult (18-25 years old) \$15 – Benefactor \$100 – Patron \$250 – Mt. Whitney \$500

Associate Memberships: An Additional \$15 PER UNIT is added to your Parent Unit Dues

**Associate Memberships 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)

Add additional choices here

**Please clip form along dashed line and keep the below portion for your records**

**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.

**Complete information regarding BCHC Membership is available on the MEMBERSHIP TAB at**  
**bhcalifornia.org**  
**or call (775) 463-3634**

**KEEP FOR YOUR RECORDS**

I submitted an Application Form for a new -

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Individual Membership         | <b>\$ 50.00</b> |
| <input type="checkbox"/> Family (Shared) Membership    | <b>\$ 60.00</b> |
| <input type="checkbox"/> Young Adult (18-25 years old) | <b>\$ 15.00</b> |
| <input type="checkbox"/> 2 Year Individual             | <b>\$ 90.00</b> |
| <input type="checkbox"/> 2 Year Family                 | <b>\$110.00</b> |
| <input type="checkbox"/> 3 Year Individual             | <b>\$125.00</b> |
| <input type="checkbox"/> 3 Year Family                 | <b>\$150.00</b> |
| <input type="checkbox"/> Benefactor Membership         | <b>\$250.00</b> |
| <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: \_\_\_\_\_

**Verification of  
BCHC**

**membership** is available via (1) BCHC unit president's reports (2) BCHC membership chair reports (3) a self-addressed stamped envelope submitted with this form or (4) a valid email address