Membership Application

Memberships paid after 9/30 will carry over to the following year

Four Corners Back Country Horsemen
www.4cbch.org

Name (s) _____

_____

Address _____ Home Phone _____

_____ Work Phone _____

e-Mail _____ Other Phone _____

☐ Use this e-mail to be enrolled in the 4CBCH Yahoo Group. This group is a private member networking site to provide information and organize rides or other activities. (http://sports.groups.yahoo.comgroup/4cbch/)

☐ Use this e-mail to send me the monthly 4CBCH HIGHLINE newsletter electronically (.pdf format)

Additional information for newsletter delivery: Effective Months: From: _____ To: _____

Secondary Address _____

[The Highline will be mailed to the secondary address for seasonal residents during the period requested]

Please indicate: ☐ New Membership ☐ Renewal

Type: ☐ Individual $30 ☐ Family $40 ☐ Associate $35 (Business/Organization)

Participation Interests: ☐ Trail Activities ☐ Social ☐ Public Affairs ☐ Education ☐ Fund Raising ☐ Membership ☐ Newsletter/Website ☐ Other? Specify: _____

Willing to serve on a committee? _____ Which one(s)? _____

WARNING AND RELEASE: Under Colorado Law, an equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes. I (we) release the Four Corners Back Country Horsemen, its officers, directors, and agents of any and all liability which may arise as a result of injury to my (our) person or property that may be sustained in connection with the club's activities.

Signed _____ Date _____

Signed _____ Date _____

Each adult member must sign release prior to participation in 4CBCH activities.
Member under 18 must have adult signature and be accompanied by adult in all activities.

Please make checks payable to: **Four Corners Back Country Horsemen**
Mailing address: **P.O. Box 3521, Durango, CO 81302**

Form updated 4-2010/et