

4CBCH Membership Application

NEW memberships paid after Oct. 1 will carry over to the following year



Name (s) _____

Address _____ Home Phone _____

Work Phone _____

e-Mail _____ Other Phone _____

Referred by: _____

- ☐ Please enroll me in the 4CBCH email group using the above email address. This group allows members to network with each other to provide/ask for information, organize rides, buy/sell tack or equipment, etc. (4cbch@gaggle.email)

Please indicate: ☐ New Membership
☐ Renewal

Type: ☐ Individual \$30
☐ Family \$40
☐ Multiple Chapters \$20
(current member of another BCH chapter)
☐ Associate \$35 (Business/Organization)

Participation Interests: ☐ Trail Projects ☐ Programs
☐ Social Rides ☐ Fund Raising ☐ Other? Specify: _____
☐ Public Affairs ☐ Membership

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 chapter's activities.

Signed _____ Date _____

Signed _____ Date _____

Each adult member must sign release prior to participation in 4CBCH activities.
Members 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**