



FRONT RANGE BACK COUNTRY HORSEMEN

www.frbch.org

MEMBERSHIP APPLICATION

NAME(S) _____

ADDRESS _____ City _____ ZIP _____

EMAIL _____ May we use this to send the newsletter? YES ___ NO ___

PHONE: Home _____ Cell _____

Do you wish to receive Back Country Horsemen of America and Back Country Horsemen of Colorado emails?

YES _____ NO _____

SADDLE Partner (participating individual) \$30.00 _____ **SADDLE Partners (participating family) \$35.00** _____

SILVER SPUR Partner (supporting individual or family) \$40.00+ _____

CORPORATE Partner \$55.00+ _____ (includes newsletter ad; please supply business card)

I would like to serve on this committee: Trail Boss _____ Education _____ Projects/Events _____ Public Lands _____

Fund Raising _____ Communication _____ Training _____ Membership _____ Volunteer Records _____ Other _____

All membership levels include chapter newsletters and BCHA newsletters.

Note: Photos taken that may include you and your family at FRBCH events may be used for publication and marketing purposes.

MAKE CHECKS PAYABLE and SEND TO: **FRONT RANGE BACK COUNTRY HORSEMEN**
P.O. Box 303
Buffalo Creek, CO 80425

Warning – 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 Front Range Back Country Horsemen, its' officers, directors, members 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.

*Please complete all information to keep our records current.
Waiver must be signed by all adult members.*

SIGNED _____ DATE _____

SIGNED _____ DATE _____

Welcome and thank you!