



2024
Membership Application Form

SJBCH is a 501(c)(3) nonprofit organization

Amount Paid _____

Paid by Cash

Check

Ck# _____

Date Received _____

Membership Application to join the SAN JUAN BACK COUNTRY HORSEMEN (SJBCH)

_____ Membership Renewal OR _____ NEW Membership Application

Print a copy, fill in (**PLEASE PRINT LEGIBLY**) and mail with check to:

SJBCH, P.O. Box 682, Pagosa Springs, CO 81147

Member Name(s) _____

Address _____

City _____ State _____ Zip _____

Day Phone (____) _____ Alt Phone (____) _____

Email _____

_____ Family \$40.00 _____ Individual \$35.00 _____ At-Large \$25.00 Support Only

_____ Multiple BCH member (Associate) \$20.00 - *Provide proof of your Parent Unit BCHCO Membership*

Make Checks Payable: "San Juan Back Country Horsemen" or "SJBCH"

Donations are welcome. Donation Amount \$ _____

Unless marked **NO**, the SJBCH may use my email address and/or phone number for member-use contact information: **NO** _____

Participation: I am interested in and would like to donate my time for: Trails Projects _____ Social Rides _____

Education: Meetings/Clinics _____ Fund Raising _____ Newsletter Assistance _____

Public Affairs _____ Administrative _____ Other _____

I am aware that the activities involving horses can be inherently dangerous and hazardous, and thereby agree to accept any and all risks of injuries or death that may be associated with participation in events sponsored by the San Juan Back Country Horsemen. I (we) hereby release the San Juan Back Country Horsemen, each and every member, officer and director, agent, employee of any and all liability, which may be sustained in connection with the chapter's activities pursuant to section 13-21-119, Colorado Revised Statutes.

Signature REQUIRED for ALL participating members registering with SJBCH (San Juan Back Country Horsemen)

Print 1) _____ Signature 1) _____ / _____ / _____

Print 2) _____ Signature 2) _____ / _____ / _____