


- NEW MEMBERSHIP APPLICATION      Backcountry Horsemen of California
- RENEWAL APPLICATION      
- CHANGE - ( ) PARENT UNIT   ( ) ADDRESS/PHONE/EMAIL   ( ) MEMBERSHIP TYPE

**MAIL TO:**  
**BACKCOUNTRY HORSEMEN**  
**OF CALIFORNIA**  
**PO Box 535**  
**Beaumont CA 92223**

**DCTR (YOUR MEMBERSHIP NUMBER)** \_\_\_\_\_

*\*\*NEW MEMBERS WILL BE ASSIGNED NUMBER BY MEMBERSHIP COORDINATOR*

**PARENT Unit Affiliation): (Select and CIRCLE ONE Unit as your Primary Unit Affiliation)**

- |                   |                 |                    |
|-------------------|-----------------|--------------------|
| Antelope Valley   | Mid Valley      | San Joaquin Sierra |
| Eastern Sierra    | Mother Lode     | Santa Ana River    |
| High Country      | North Bay       | Sequoia            |
| High Sierra       | Ohlone Riders   | Shasta Trinity     |
| Kern River Valley | Redshank Riders | Sierra Freepackers |
| Kern Sierra       | Redwood         | Sutter Buttes      |
| Lake-Mendo        | San Diego       | Top of the State   |
| Los Padres        | San Geronimo    |                    |

**Donate to BCHC**  
**Education Fund?**  
*Tax Deductible*

Packer	\$10.00
Mule Skinner	\$25.00
You're the Greatest	\$50.00

MEMBER'S NAME *-No Business Names; Please Print Clearly* \_\_\_\_\_ SPOUSE/MEMBER'S NAME *-MUST SHARE SAME ADDRESS* \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TOTAL ENCLOSED: \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

BUSINESS NAME *- DONATIONS ONLY:*

**PARENT UNIT MEMBERSHIP TYPES: (CIRCLE ONE)**

**Individual \$40.00\*   Family \$50.00\*   Benefactor \$100.00   Patron \$250.00   Mt Whitney \$500.00**

*\*=BCHC shares portion of dues with Back Country Horsemen of America*

---

**ASSOCIATE MEMBERSHIPS: AN ADDITIONAL \$15.00 PER UNIT IS ADDED TO YOUR PARENT UNIT DUES.**  
ASSOCIATE MEMBERSHIP 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))

*Please write additional choices on back*

Please clip form along dashed line - **KEEP BELOW INFORMATION 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, each sharing 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.

- You may sign-up for as many Associate Memberships as you like.
- Associate Memberships may also be initiated at any time during the term of your Parent Membership.
- Associate Memberships must expire concurrently with the Parent Membership, and are renewable only at the time of renewal of the Parent Membership.

Complete information regarding BCHC Membership is available on the MEMBERSHIP page at: <http://www.bchcalifornia.org>

**KEEP FOR YOUR RECORDS**  
I SUBMITTED AN Application Form for:

<input type="checkbox"/> Individual Membership	\$ 40.00
<input type="checkbox"/> Family (Shared) Membership	\$ 50.00
<input type="checkbox"/> Benefactor Membership	\$100.00
<input type="checkbox"/> Patron Membership	\$250.00
<input type="checkbox"/> Mt Whitney Membership	\$500.00
<input type="checkbox"/> Donation - Packer	\$10.00
<input type="checkbox"/> Mule Skinner	\$25.00
<input type="checkbox"/> You're the Greatest!	\$50.00
<input type="checkbox"/> Associate Membership	\$ _____
Total Remittance	\$ _____
Check Number _____	
Date Mailed _____	

**Questions: Contact [membership@bchcalifornia.org](mailto:membership@bchcalifornia.org)**