

Back Country Horsemen of Oregon, Inc. Membership Application

**Yes! I would like to help preserve Horsemen's rights
to use stock on public lands.**

(Print Name)

(Address)

(City) (State) (ZIP)

(Telephone) (E-Mail)

BCHO Membership Dues

Single \$25.00 _____

Family \$35.00 _____

(Additional Chapter dues may be determined by individual Chapters)

Total Enclosed: _____ (not tax deductible)

Optional Memberships

Sustaining \$100 _____

Patron \$250 _____

Benefactor \$500 _____

**MAIL your application to Susie Wood, PO Box 362, O'Brien, Oregon 97534
541-596-2488 jswood@frontiernet.net**

Liability Release: Recognizing the fact that there is a potential for an accident where ever horse use is involved, which can cause injuries to horses, riders and spectators, and also recognizing that Back Country Horsemen of Oregon, Inc., including it's chapters, officers, directors and /or members cannot know the condition of trails or the experience of riders or horses taking part in trail rides or other Back Country Horsemen of Oregon functions, I do hereby release Back Country Horsemen of Oregon, Inc., it's officers, directors and members from any claim or right for damages which might occur to me, my minor children or horses.

Signed _____ Date _____

Signed _____ Date _____

*Must be signed by all chapter members 18 years and older.

Dues are not deductible as charitable contributions for income tax purposes.
Dues may be considered ordinary and necessary business deductions.

New ___ Renewal ___ (Please check)

BCHO website www.bcho.org/chapterlocations.htm