

NON-MEMBER APPLICATION

Come Join Us!

Go to BCHW.org and join or renew online. If online is not an option, please fill out this paper application and sign, (all members **18 and over must sign**), and enclose your cash or check:

Chapter members: If paying by check, please make it out to your chapter and mail to:

**PO Box 14371
Spokane Valley, WA 99214**



Inland Empire

Member Info

Check One: New Member Renewal Secondary Chapter Application Only

Adult's name(s):			
Children's name(s):			
Mailing Address:			
City:		ST:	
Phone number:		E-mail:	
Legislative district (if known):		County:	

National and State Newsletters are viewable online at BCHA.org/BCHW.org or Please mail a hard copy of Newsletters
 (Check Boxes) BCHA Newsletter BCHW (Trailhead News) Chapter Newsletter

STATE MEMBERSHIP	CHAPTER MEMBERSHIP															
Basic Memberships	All chapter members must also be a member of BCHW. However, BCHW dues only need to be paid once each year. Joining additional (secondary) chapters only requires paying chapter dues.															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 70%;">Single</td> <td style="width: 20%; text-align: right;">\$41.00</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Family</td> <td style="text-align: right;">\$54.00</td> </tr> </table>		<input type="checkbox"/>	Single	\$41.00	<input type="checkbox"/>	Family	\$54.00									
<input type="checkbox"/>	Single	\$41.00														
<input type="checkbox"/>	Family	\$54.00														
Levels below include Single and Family	Chapter Name (or Independent): <div style="text-align: center; color: red;">Inland Empire</div>															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 70%;">Contributing</td> <td style="width: 20%; text-align: right;">\$75.00</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sustaining</td> <td style="text-align: right;">\$125.00</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Patron</td> <td style="text-align: right;">\$250.00</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Benefactor</td> <td style="text-align: right;">\$500.00</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Lifetime (Single)</td> <td style="text-align: right;">\$1200.00</td> </tr> </table>	<input type="checkbox"/>	Contributing	\$75.00	<input type="checkbox"/>	Sustaining	\$125.00	<input type="checkbox"/>	Patron	\$250.00	<input type="checkbox"/>	Benefactor	\$500.00	<input type="checkbox"/>	Lifetime (Single)	\$1200.00	If joining a secondary Chapter, provide the Chapter name where BCHW State dues have been paid for 2021:
<input type="checkbox"/>	Contributing	\$75.00														
<input type="checkbox"/>	Sustaining	\$125.00														
<input type="checkbox"/>	Patron	\$250.00														
<input type="checkbox"/>	Benefactor	\$500.00														
<input type="checkbox"/>	Lifetime (Single)	\$1200.00														
	Chapter Dues \$10.00															
	<i>Please consider making a Chapter donation:</i> \$															
<i>Please consider making a State donation:</i> \$	<i>Chapter Subtotal</i> \$															
<i>State Subtotal</i> \$	Grand Total (State+Chapter) \$															

NOTICES

By signing this membership application, you will agree to the terms of our Liability Release. You can read it on our website at bchw.org, under the Join tab. You also agree to receive notices from BCHW/BCHA by electronic transmission at the above email address.

Back Country Horsemen of Washington (BCHW) is a public charity as defined in Internal Revenue Code Section 501(c) (3). Accordingly, membership dues paid to BCHW may be treated as deductions characterized as "charitable contributions" when computing federal and state income tax obligations.

Signature:

_____ **Date** _____

Signature:

_____ **Date** _____

Signature:

_____ **Date** _____

Revised
9/23/2020