

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**) enclose your cash or check made out to BCHW and mail to:

BCHW Membership Chair
11404 210th Ave Ct E
Bonney Lake, WA 98391



Ferry Co.

Member Info

Check One: ☐ New Member ☐ Renewal ☐ Secondary Chapter Application Only

Adult's name(s):

Children's name(s):

Mailing Address:

City:

ST:

Zip:

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 (If available to mail)

STATE MEMBERSHIP

CHAPTER MEMBERSHIP

Basic Memberships

☐ Single \$41.00
☐ Family \$54.00

Levels below include Single and Family

☐ Contributing \$75.00
☐ Sustaining \$125.00
☐ Patron \$250.00
☐ Benefactor \$500.00
☐ Lifetime (Single) \$1200.00

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.

Chapter Name (or Independent):
Ferry Co.

If joining a secondary Chapter, provide the Chapter name where BCHW State dues have been paid for 2022:

Chapter Dues \$10.00

Please consider making a Chapter donation: \$

Please consider making a State donation: \$

Chapter Subtotal \$

State Subtotal \$

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