| <b>Come Join Us!</b><br>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:<br>BCHW Membership Chair<br>11404 210 <sup>th</sup> Ave Ct E<br>Bonney Lake, WA 98391                                                                                                                                                                                                           |                                  |                                                                                              | of WASHINGTON<br>Scatter Creek<br>Riders |                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------|---------------------|--|
| Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Info                             |                                                                                              |                                          |                     |  |
| Check One: New Memb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | er 🗌 Renew                       | al 🗌 Se                                                                                      | econdary Chapter A                       | Application Only    |  |
| Adult's name(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                                                                              |                                          |                     |  |
| Children's name(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                                                              |                                          |                     |  |
| Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | I                                                                                            | I                                        |                     |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T                                | ST:                                                                                          | Zip:                                     |                     |  |
| Phone number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | E-mail:                          |                                                                                              |                                          |                     |  |
| Legislative district (if known):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Co                               | ounty:                                                                                       |                                          |                     |  |
| National and State Newsletters are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | viewable online at BCH.          | A.org/BCHW.org or                                                                            | Please mail a hard o                     | copy of Newsletters |  |
| (Check Boxes) BCHW (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Trailhead News)                  | Chapter Newsletter(If av                                                                     | vailable to mail)                        |                     |  |
| STATE MEMB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ERSHIP                           | СНАРТ                                                                                        | ER MEME                                  | BERSHIP             |  |
| Basic Memberships     Single   \$41.00     Family   \$54.00     Levels below include Single and Family     Contributing   \$75.00     Statistics   \$125.00                                                                                                                                                                                                                                                                                                                                                                                |                                  | However, BCHV<br>Joining additiona<br>chapter dues.<br>Chapter Name:                         | Chapter Name:<br>Scatter Creek Riders    |                     |  |
| Sustaining   Patron   Benefactor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$125.00<br>\$250.00<br>\$500.00 | If joining a secondary Chapter, provide the Chapter name<br>where BCHW State dues were paid: |                                          |                     |  |
| Lifetime (Single)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$1200.00<br>\$2000.00           |                                                                                              | Chapter Dues                             | \$10.00             |  |
| Lifetime (Family of 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | φ2000.00                         |                                                                                              | onsider making a<br>hapter donation:     | \$                  |  |
| Please consider making a<br>State donation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                               |                                                                                              | Chapter Subtotal                         | \$                  |  |
| State Subtotal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                               | Grand Total                                                                                  | (State+Chapter)                          | \$                  |  |
| <b>NOTICES</b><br>By signing this membership application, you will agree to<br>the terms of our Liability Release. You can read it on our<br>website at bchw.org, under the Join tab. You also agree to<br>receive notices from BCHW/BCHA by electronic<br>transmission at the above email address.<br>Back Country Horsemen of Washington (BCHW) is a<br>public charity as defined in Internal Revenue Code Section<br>501(c) (3). Accordingly, membership dues paid to BCHW<br>may be treated as deductions characterized as "charitable |                                  | Signature:<br>Date<br>Signature:<br>Date<br>Signature:                                       |                                          |                     |  |
| contributions" when computing federal and state income tax obligations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | Date                                                                                         |                                          |                     |  |