



FRONT RANGE BACK COUNTRY HORSEMEN MEMBERSHIP APPLICATION

NAME(S) _____

ADDRESS: _____ City _____ ZIP _____

EMAIL: _____ May we use this to send the newsletter? YES _____ NO _____

TELEPHONE: Home _____ Work _____ Cell: _____

SADDLE Partner (participating individual) \$25.00 _____ **SADDLE Partners (participating family) \$30.00** _____
Yes, I would like to serve on the Finance ___ Education ___ Project ___ Training ___ Membership ___ Records ___ Committee.

SILVER SPUR Partner (supporting individual or family) \$40.00+ _____

CORPORATE Partner \$55.00+ _____ (includes NL ad)
All membership levels include chapter newsletters and a quarterly BCHA newsletter.

MAKE CHECKS PAYABLE TO: **FRONT RANGE BACK COUNTRY HORSEMEN**
SEND TO: FRBCH, P. O. Box 620381, Littleton, CO 80162-0381.

Warning – Under Colorado Law, an equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes. I (We) release the Front Range Back Country Horsemen, its' officers, directors, members and agents of any and all liability which may arise as a result of injury to my (our) person or property that may be sustained in connection with the club's activities.

SIGNED _____ **DATE** _____

SIGNED _____ **DATE** _____