Membership Application



NEW memberships paid after Oct. 1 will carry over to the following year

| Name (s) | | | |
|---------------------------|---|-----------------------------|--|
| Address | Home Phone | | |
| | Work Phone | | |
| e-Mail | Other Phone | | |
| Referred by: | | | |
| ☐ Use this e-mail to be | enrolled in the 4CBCH Ya | hoo Group. This group | o is a private member networking site |
| · | • | , | oups.yahoo.com. Group name: 4cbch) |
| ☐ Use this e-mail to ser | id me the monthly 4CBCH | I HIGHLINE newslette | r electronically (.pdf format) |
| | | | |
| Please indicate: ☐ N | ew Membership | Type: ☐ Indivi | dual \$30 |
| □R | enewal | ☐ Fami | ly \$40 |
| | | ☐ Asso | ciate \$35 (Business/Organization) |
| Participation Interests: | □ Trail Projects | □ Education | □ Newsletter/Website |
| | □ Social | □ Fund Raisin | g □ Other? Specify: |
| | □ Public Affairs | | |
| Willing to serve on a cor | nmittee? Whic | n one(s)? | |
| • | | . , | |
| | | | ional is not liable for an injury or risks of equine activities, pursuant to |
| section 13-21-119, Colo | rado Revised Statutes. I (| we) release the Four (| Corners Back Country Horsemen, its |
| | gents of any and all liabilit stained in connection with | | a result of injury to my (our) person or s. |
| Signed | | | _ Date |
| | | | _ Date |
| Each | adult member must sign rele | ease prior to participation | in 4CBCH activities. |

Please make checks payable to: Four Corners Back Country Horsemen Mailing address: P.O. Box 3521, Durango, CO 81302

Members under 18 must have adult signature and be accompanied by adult in all activities.