

NON-MEMBERSHIP APPLICATION

Come Join Us!

Go to BCHW.org and join or renew online. Our Membership year is Jan. 1 to Dec. 31st. Renewal season starts October 1st each year. 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. Mail to:

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



Whidbey Island Trail Riders

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:	

BCHW Newsletters: Two Trailhead Newsletters will be mailed out per year, the other 4 are digital. All 6 newsletters are viewable online at BCHW.org Our Turnpike emailed newsletters go out 6 times a year.

STATE MEMBERSHIP	CHAPTER MEMBERSHIP																										
<p style="color: cyan;">Basic Memberships</p> <p style="text-align: center;">Select only ONE level</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Single</td> <td style="text-align: right;">\$45.00</td> </tr> <tr> <td><input type="checkbox"/> Family</td> <td style="text-align: right;">\$60.00</td> </tr> </table> <p style="color: cyan;">Levels below include Single and Family</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Contributing</td> <td style="text-align: right;">\$75.00</td> </tr> <tr> <td><input type="checkbox"/> Sustaining</td> <td style="text-align: right;">\$125.00</td> </tr> <tr> <td><input type="checkbox"/> Patron</td> <td style="text-align: right;">\$250.00</td> </tr> <tr> <td><input type="checkbox"/> Benefactor</td> <td style="text-align: right;">\$500.00</td> </tr> <tr> <td><input type="checkbox"/> Lifetime (Single)</td> <td style="text-align: right;">\$1200.00</td> </tr> <tr> <td><input type="checkbox"/> Lifetime (Family of 2)</td> <td style="text-align: right;">\$2000.00</td> </tr> </table>	<input type="checkbox"/> Single	\$45.00	<input type="checkbox"/> Family	\$60.00	<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	<input type="checkbox"/> Lifetime (Family of 2)	\$2000.00	<p>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.</p> <p>Chapter Name: <div style="text-align: center; color: red; font-weight: bold;">Whidbey Island Trail Riders</div> </p> <p>If joining a secondary Chapter, provide the Chapter name where BCHW State dues were paid:</p> <table style="width: 100%; text-align: center;"> <tr> <td style="color: red; font-weight: bold;">Chapter Dues</td> <td style="color: red; font-weight: bold;">\$5.00</td> </tr> </table> <p style="color: blue; text-align: center;"><i>Please consider making a Chapter donation:</i></p> <table style="width: 100%; text-align: center;"> <tr> <td style="color: blue;"><i>Please consider making a State donation:</i></td> <td>\$</td> </tr> <tr> <td style="color: blue;"><i>Chapter Subtotal</i></td> <td>\$</td> </tr> <tr> <td style="color: blue;"><i>State Subtotal</i></td> <td>\$</td> </tr> <tr> <td style="color: blue;">Grand Total (State+Chapter)</td> <td>\$</td> </tr> </table>	Chapter Dues	\$5.00	<i>Please consider making a State donation:</i>	\$	<i>Chapter Subtotal</i>	\$	<i>State Subtotal</i>	\$	Grand Total (State+Chapter)	\$
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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
9/4/2024