

Fill out this form, save as PDF and e-mail to: bchminnesota@gmail.com.
 Submit payment thru PayPal or mail check.



Minnesota Back Country Horseman Membership Form

Membership Info

(Print Name)

(Address)

(City)

(State) (Zip)

(Phone)

(Additional Phone)

(Email)

(Additional Email)

(Family Member Print Name)

(Additional Family members)

I wish to become a member of:

___ Duluth Chapter

___ NW Metro Chapter

___ SE MN Chapter

___ Zumbro Bottoms Chapter

___ MN State member at large
(not in any chapter)

\$ 35 ___ Family Member **(One chapter only)**
(2 or more family members in same household)

\$ 30 ___ Individual Member **(One chapter only)**

\$ 50 ___ Associate Member (business or organization)
(no vote awarded)

Additional dues to join another chapter

___ Duluth ___ NW Metro ___ SE MN ___ Zumbro

\$ 6 ___ Chapter dues as a family member

\$ 4 ___ Chapter dues as an individual member

\$ 6 ___ State dues if member in another state

State: ___


\$ ___ Total dues owed.

\$ ___ Additional Donation to: _____

\$ ___ add \$1.25 if using PayPal

\$ ___ Total Enclosed

Scan code to pay using PayPal or
 make check payable to BCH-MN and
 mail check and form to:



Back Country Horsemen- MN
 % Bruce Kvittem
 48729 County 1 Blvd.
 Kenyon, MN 55946-4105

(Chapter dues will be submitted to each appropriate chapter)

By signing this membership application, you will agree to the terms of our Liability Release. You also agree to receive notices from BCH-MN or BCHA by electronic transmission at the above email address.

Back Country Horsemen of Minnesota is a public charity as defined in Internal Revenue Code Section 501(c) (3). Accordingly, membership dues paid to BCH-MN may be treated as deductions characterized as "charitable contributions" when computing federal and state income tax obligations.

Signatures: (all adults must sign)

_____ Date _____
Signature:

_____ Date _____
Signature:

Liability Release: Recognizing the fact that there is a potential for an accident where ever horse use is involved, which can cause injuries or death to horses, riders and spectators, and also recognizing that Back Country Horsemen of Minnesota including its chapters, officers, directors and /or members cannot know the condition of trails or the experience of riders or horses taking part in trail rides or other Back Country Horsemen of Minnesota functions, I do hereby release Back Country Horsemen of Minnesota, (and affiliated chapters) its officers, directors and members from any claim or right for damages which might occur to me, my minor children or horses.

Pursuant to MN State **Stat. § 604A.12**