



**WILD HORSE PLAINS BACK COUNTRY  
HORSEMEN**

P.O. BOX 222, PLAINS, MT.

**2024 MEMBERSHIP APPLICATION**

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

MINOR CHILDREN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**ANNUAL MEMBERSHIP DUES:**

FAMILY: \$30.00 \_\_\_\_\_

SINGLE: \$20.00 \_\_\_\_\_

State News Letter email \_\_\_\_\_ or hard copy \_\_\_\_\_

SINGLE DAY RIDE MEMBERSHIP.....\$5.00 \_\_\_\_\_

**LIABILITY RELEASE!**

Recognizing the fact that there is a potential for accidents in ANY ACTIVITY in which INJURY/DEATH could occur to riders, horses, spectators and also recognizing the fact that this CHAPTER OF WILD HORSE PLAINS BCH'S officers, directors, or members cannot know the condition of trails, the experience of riders or the training of horses in any of the Back Country Horsemen functions, I do release the above named persons/organization from any claims or right for damages which might occur to me, my children, my animals or other personal property that I may have in my possession during the trail rides or any other function that this chapter may organize and/or participate in.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_