



**WILD HORSE PLAINS BACK COUNTRY
HORSEMEN**

P.O. BOX 222, PLAINS, MT.

2026 MEMBERSHIP APPLICATION

NAME: _____ **SPOUSE:** _____

MINOR CHILDREN: _____

ADDRESS: _____

PHONE NUMBER: _____ **E-MAIL:** _____

ANNUAL MEMBERSHIP DUES:

FAMILY: \$35.00 _____

SINGLE: \$25.00 _____

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** _____