



Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please make checks payable to:

Back Country Horsemen of the Croatan
c/o Paul Green
905 Shoo Fly Rd.
New Bern, NC 28560

Dues: Family - \$45.00 Individual - \$35.00

Number of family members: _____

In consideration of this membership, I/we agree not to hold Back Country Horsemen of the Croatan (BCHC) or its members or organizers liable for any injury or damage however caused which may result from participation in any event sponsored by the Back Country Horsemen of the Croatan.

Signed: _____ Date: _____

Print: _____

Signed: _____ Date: _____

Print: _____

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Treasurer Receipt of Dues

Membership Year: _____ Date: _____ Amount: _____ Int: _____