

# BACK COUNTRY HORSEMAN OF THE CROATAN

## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please make checks payable to:

**Back Country Horseman of the Croatan**

**c/o Donna Davis, Treasurer**

212 Turkey Quarter Creek Road  
Cove City, North Carolina 28523

Prices:      Family - \$35.00      Cash \_\_\_\_\_ or Check \_\_\_\_\_  
                 Individual - \$25.00

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 Horseman of the Croatan.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_