BACK COUNTRY HORSEMEN OF UWHARRIE

Membership Application

Name:	
Address:	
City:	State: Zip:
Phone:	Email:
Please ma	ke checks payable to:
	Back Country Horsemen of Uwharrie c/o Mark Bowman, Membership Coordinator 126 4B Farm Rd Troy, North Carolina 27371
Prices:	Individual - \$40.00 Family - \$50.00
Number o	f family members:
Cash	or Check
PayPal	Using our email address: <u>bchuwharrie@gmail.com</u>
Horsemen damage h	eration of this membership, I/we agree not to hold Back Country of of Uwharrie (BCHU) or its members or organizers liable for any injury of owever caused which may result from participation in any event I by the Back Country Horsemen of Uwharrie.
Signed:	Date:
Print:	
Signed: _	Date:
Print:	