

# East Slope Back Country Horsemen



## Member Information

Year\_\_\_\_\_

Name	Birthdays	Last four digits of your S.S. #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip & Postal Code\_\_\_\_\_

Home Phone\_\_\_\_\_ Business Phone\_\_\_\_\_ Cell \_\_\_\_\_

E-mail\_\_\_\_\_

Membership Type\_\_\_\_\_ (New, Renewal or Secondary)

Single \$27.00 per year or \$12.00 for Secondary

Family \$39.00 per year or \$24.00 for Secondary      Amount Enclosed\_\_\_\_\_

East Slope Back Country Horseman members often participate in the Forest Assistant Program sponsored by the USFS. Please complete all the requested information on the top of the form. S. S. # is needed for workers compensation on work projects.

Member Signature\_\_\_\_\_ Spouse Signature\_\_\_\_\_

Don't Forget to sign your membership, they will not be accepted without a signature.  
Your membership privilege is subject to approval by the Chapter Board of Directors.

### IN CASE OF EMERGENCY CONTACT

Name\_\_\_\_\_

Address\_\_\_\_\_

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

Area Code and Phone Number\_\_\_\_\_

Mail Form to:  
ESBCH  
P.O. Box 897  
Conrad, MT 59425

Please make checks payable to; ESBCH