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**SOUTHERN APPALACHIAN BACK COUNTRY HORSEMEN**

Membership Form

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

Family Members: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

I prefer to receive my newsletter by email or US Mail: \_\_\_\_\_

Skills you would contribute to SABCH (Chainsaw Certified, packer, trail worker, etc.)

\_\_\_\_\_  
\_\_\_\_\_

In consideration of my membership, I agree not to hold Southern Appalachian Back Country Horsemen (SABCH) or any of its members or organizers liable for any injury or damage, however caused, which may result from participation in any event sponsored by SABCH.

Signature: \_\_\_\_\_