# Back Country Horsemen of America Advocacy Partnership Application Form

Organization Name:			
Primary Contact Name:			
Office or Mailing Address:			
City:	State:	ZIP:	
Telephone:	Fax:		
Contact Email:			
Organization Website:			
Approximate number of Members:			

Annual Partnership Dues are based on the size of your organization's annual budget. Please check the appropriate box to indicate your payment amount:

□ \$100,000 or Less	\$100.00
□ \$100,001 \$250,000	\$200.00
□ \$250,001 \$500,000	\$300.00
□ \$500,001 or Greater	\$500.00

## Partnership dues entitle your organization to:

- □ A website link that includes a brief (75 words or less) description of your organization's work on <u>www.backcountryhorse.com</u>
- □ Recognition in BCHA's annual report to the membership
- □ A one-time 2" business card advertisement in BCHA's newsletter (circulation 11,000+ nationally). You will need to supply camera-ready copy.
- □ A recognition press release sent to BCHA's media contacts.

## Extra available additional-charge benefits include:

- □ A 25% discount on all advertising in the newsletter or on BCHA's website placed in the four issues (or twelve months) following the date of receipt of your Partnership application and annual dues payment.
- □ A 20% discount on all BCHA publications and merchandise. Please see <u>www.backcountryhorse.com</u> for details and availability.

## □ Our check is enclosed.

Please charge credit card:  UISA	□ MasterCard	American Express	□ Discover			
Card Number:						
Exp. Date:						
Zip Code of Credit Card Billing Address (to you):						
Security Code (last three numbers on signature line) :						
Print Name as it appears on Card: _						
Signature:			_			
Date:						

Please return in the enclosed envelope to: BCHA, Advocacy Partner, 12784 E Rollins Lane, Springville, IN 47462. Questions? Please contact partners@backcountryhorse.com or telephone 815-797-4540.

## Thank you for your support of horseback riding on public land!