



2024 Equisure Insurance Application

Date _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Member: (Check yes or no) **Yes** _____ **State Chapter:** _____ **No** _____ If no, please fill out the membership application for your state chapter or go to <http://www.bcha.org/home-mem/> for more information. We will process insurance after membership is received.

Please check a plan: _____ **Individual \$20** _____ **Family \$40**

Payment options

Mail check and application to: **BCHA**
PO Box 1182
Columbia Falls, MT 59912

Credit Card Number _____

Expiration _____ CVC _____

Billing Street Address _____

City _____ State _____ Zip _____

Back Country Horsemen of America
PO Box 1182, Columbia Falls, Montana 59912
Phone: 360-620-2802 – Email: Michellewade@bcha.org