



Equisure Insurance Application

Date _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Member: (Check yes or no) **Yes** _____ **No** _____ State Chapter: _____ 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 Date _____ CVC _____

Billing Street Address _____ City _____

State _____ Zip _____

Or you can call our office to make payment over the phone

Back Country Horsemen of America
PO Box 1182, Columbia Falls, Montana 59912
360-443-6996 or Michellewade@bcha.org