**RENEWAL MEMBERSHIP APPLICATION**

| Name |  | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address |  | | | | | | | | | |
| City |  | | | | State | |  | | Zip |  |
| County |  | | Email Address | | |  | | | | |
| Telephone Number | |  | | Alternate Number | | | |  | | |

| Membership Type *Memberships are not refundable.* \_\_\_ Individual - $25 | \_\_\_ Family - $50  \_\_\_ Lifetime - $1000 |
| --- | --- |
| Sponsoring: \_\_\_ $100 \_\_\_ $150 \_\_\_ $250 \_\_\_ $500 | |

\_\_\_ Check here if you do NOT want to be included in the membership directory. The membership

directory is for use of BEHS members only.

Please indicate any new area of interest, and we will send you the appropriate information:

| \_\_\_ Fostering | \_\_\_ Adopting | \_\_\_ Trailering |
| --- | --- | --- |
| \_\_\_ Inspections and investigations | \_\_\_Other (fundraising, promotions, etc): | |

***Liability Waiver***: I, the undersigned, have read and understand the following: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

***Confidentiality Statement***: I understand that certain information pertaining to BEHS may be confidential in nature and that I am to use discretion in discussing equine cases, policies, and other BEHS matters with non-BEHS members. I also understand that as a member of BEHS, it is a privilege to be a party to BEHS e-mail lists, and that I must obtain permission from a BEHS officer or director before forwarding any e-mail messages that I receive from these lists to any person not a member of BEHS. I, the below-signed, have read, understood, and agree to adhere to the statement outlined herein.

In the event of a family or sponsoring membership, I understand that both statements apply to all family or sponsoring members.

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

Signature Date

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

If under 18, parent/legal guardian must sign. Date