**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 | |

**Bluebonnet Equine Humane Society does not sell or share our membership information with other organizations, sponsors/donors, or other parties. We do not produce a membership directory. Contact information is used internally by BEHS to notify members of events and volunteer opportunities.**

\_\_\_\_\_\_\_ Check here if you’ve been a member of BEHS in the past. Approximate year: \_\_\_\_\_\_\_\_

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