



COLORADO SNOWMOBILE ASSOCIATION
MEMBERSHIP APPLICATION (PLEASE PRINT) Date_____

Individual \$22 Family \$22 Business \$32 New Member Renewal

Last Name _____ First Name _____

Spouse Last Name _____ Spouse First Name _____

Total in Household _____ Number of Snowmobiles Owned _____

Mailing Address _____ City _____

State _____ Zip _____ Best Contact Phone _____

Email _____ (for association use **only**)

Business Name _____

Contact Person Last Name _____ First Name _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip _____

Business Phone _____ Website _____

Email _____ (for association use **only**)

If Snowmobile Dealer, what brand(s) _____

Sponsor (Who influenced you to join CSA) _____

To buy new CSA Merchandise go to CSA's website www.snowmobilecolo.com

Please consider contributing to the CSA "Right to Ride" Fund \$ _____

Please consider contributing to the CSA SEEDS Fund \$ _____
(Support, Education, Events, Development, Safety)

Membership dues from above \$ _____

Payment Enclosed Bill my Credit Card Total \$ _____

Visa Mastercard Discover # _____ Exp Date _____

Security Code: _____ Name on Card _____

Card's Billing Address _____

Signature _____ (credit card not valid without signature)

PLEASE REMIT TO: CSA, PO BOX 262, MILLIKEN, CO 80550 970-695-7804