



MEMBERSHIP APPLICATION

Personal Information:

Date _____ New Member Renewal

Name _____ *

Business Name _____ **

Club Name _____ **

Address _____ City _____ State _____ Zip _____ *

Best telephone _____ Email address _____ *

(*Required for membership profile – email address will provide you with login information, alerts and electronic messages) (**Required for specific membership type.)

Type and number of OHV(s) owned:

Snowmobile _____ ATV _____ UTV _____ 4WD _____ Motorcycle _____ Other _____

Membership Types:

1 Year General Membership \$25.00 2 Year General Membership \$40.00

1 Year Supportive Club/Organization \$100.00 Business Membership \$100.00

Contributions:

Legal Defense Fund \$ _____ Education Fund \$ _____

SOS Fund \$ _____ Other _____ \$ _____

Select Payment Type:

Check or money order payable to COHVCO Amount \$ _____

Credit Card: Type _____ Name on Card _____ (please print)

Number _____ Expires ___/___/___ CCV _____

Signature _____

**Send completed form and payment to: COHVCO
PO BOX 741353
ARVADA, CO 80006**