



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:

<input type="radio"/> 1 Year General Membership	\$30.00	<input type="radio"/> 2 Year General Membership	\$50.00
<input type="radio"/> 1 Year Supportive Club/Organization	\$100.00	<input type="radio"/> Business Membership	\$100.00

Contributions:

<input type="radio"/> Legal Defense Fund	\$ _____	<input type="radio"/> Education Fund	\$ _____
<input type="radio"/> SOS Fund	\$ _____	<input type="radio"/> 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