



Protecting **YOUR** motorized off highway
access to public lands.



Membership Application

Date _____ ☐ New Member ☐ Renewal

* Name _____

* Address _____

City _____ State _____ ZIP _____

Telephone _____

* E-mail address _____

***Required. Email address will provide you with login information, alerts and electronic newsletter.**

Type and number of OHV(s) owned:

☐ Snowmobile _____ ATV _____

☐ 4WD _____ Motorcycle _____

☐ Other _____

Membership Type:

☐ 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 \$ _____

☐ Other _____ \$ _____

Total enclosed: \$ _____

Select payment type:

☐ Check or money order payable to COHVCO

☐ Credit Card: Type _____ Name on Card _____

Number _____ Expires ____/____

Signature _____

Send completed form and payment to:

COHVCO
PO Box 741353
Arvada, CO 80006