



Business Membership Application

Thank you for your interest in a business membership. Please complete and mail this form to:

COHVCO
P.O. Box 620523
Littleton, CO. 80162

Your membership is greatly appreciated!

Business Name: _____

Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Contact E-Mail: _____

Business Website: _____

SPECIAL INSTRUCTIONS:

- Check this box to keep your membership anonymous. Your business will not be listed or recognized in any COHVCO publication or on the COHVCO website.
- Check this box to keep contact name and e-mail address off of the COHVCO website's business member list. Only the business name, address, phone, and website will be listed. Box above must not be checked to be listed on website.

BUSINESS MEMBERSHIP:

- \$100.00 enclosed for a business membership.

ADDITIONAL CONTRIBUTIONS:

- Please accept my additional contribution of \$ _____.

THANK YOU!

Membership includes \$10 subscription to the COHVCO News.