Colorado Off-Highway Vehicle Coalition

Club/Organization Membership Application

Date_____ ❑ **New Member** ❑ **Renewal**

Club Information:

Name_____

Address_____

City_____ State_____ ZIP_____

Club Website_____

Contact Information **(will be posted as club's contact info on COHVCO website)**

Name_____

Telephone_____

E-mail address_____

Type of OHV(s) represented by club:

❑ Snowmobile ❑ ATV ❑ 4WD ❑ Motorcycle

❑ Other_____

Membership Type:

1 Year Supportive Club/Organization $50.00

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
P.O. Box 620523
Littleton, CO. 80162

Membership includes $10 subscription to the COHVCO News.