

Colorado Hill Climb Association
P.O. Box 8286
Colorado Springs, CO 80933
www.chcaracing.com

OFFICE USE ONLY
Date Recv'd . _____
Amount _____
Check # _____
Cash _____
Board Approval Date: _____

2008 MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:		
Current address:		
City:	State:	ZIP Code:
Phone #:	Cell Phone #:	
Email Address:		
FEES		
General Membership		
<input type="checkbox"/> Lifetime Member Lifetime Members do not pay an annual fee, but must submit an application annually to be considered as an active member.		
<input type="checkbox"/> General Membership \$40 per person		
Drivers Only		
Date of Birth:	Social Security Number:	
<input type="checkbox"/> Competition Number \$10 (No fees are due for purchased Lifetime numbers.) Print number _____ Print Class _____	<input type="checkbox"/> Driver's License \$10 Co-driver's complete the profile and license fee information only.	
<input type="checkbox"/> Lifetime Competition Number \$50 Print number _____ Print Class _____		
SIGNATURES		
I/we do recognize as binding upon my/our conduct the Official Rules and the Articles of the By-Laws of The Colorado Hill Climb Association, Inc. to maintain my/our membership.		
Print Name:		
Signature of applicant:	Date:	

Please make checks payable to: Colorado Hill Climb Association