

OFFICE USE ONLY
Date Rec'd:
Amount:
Check no
Cash:
Board Approval Date:

Colorado Hill Climb Association PO Box 6366, Colorado Springs, CO 80934

2017 MEMBERSHIP APPLICATION						
APPLICANT INFORMATION						
Name:						
Mailing address:						
City:			State:	ZIP Code	ZIP Code:	
D.O.B:	Phone:		Email:			
Dues and Fees						
General Membership Dues:	\$40					
Lifetime Member? Circle:	YES	No Fee. Completed Application Required. Conf.				
Competition License	\$10					
Co-Driver License	\$10					
Annual Competition Number:	\$10	Class:	Req	. #	Rec'd. #	
Lifetime Competition Number:	\$50	Class:	Req	. #	Rec'd. #	
Number on file? Circle:	YES	Class:	Curi	rent #	Conf. #	
TOTAL amount enclosed: \$						
NOTES:						
I agree to abide by the Rules, Regulations and By-laws set forth by the Colorado Hill Climb Association and represent the Club in a professional manner at all times.						
Signature of applicant:			D	ate:		