



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

Colorado Hill Climb Association
 PO Box 6366, Colorado Springs, CO, 80934
RACEceiver LAP-ALT-100 LapCeiver Audible Lap
Timer REQUIRED For all Race vehicles in 2019

2019 MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name or Names for joint membership:			
Mailing address:			
City:		State:	ZIP Code:
Phone:	Alt. Ph.:	D.O.B.:	

Dues and Fees

General Membership Dues: \$50 for one or \$150 for a Joint membership for two people (the joint membership includes two tickets to each race)			
Lifetime Member?	Circle: YES	<i>No Fee. Completed Application Required.</i>	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:	Current #
Number on file?	Circle: YES	Class:	Conf. #

TOTAL amount enclosed: \$ _____

NOTES:

RACEceiver LAP-ALT-100 LapCeiver Audible Lap Timer REQUIRED For all Race vehicles in 2019

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:	Date:
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