



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

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

## 2024 MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name for membership:			
Mailing address:			
City:		State:	ZIP Code:
Phone:	<u>Email:</u>	D.O.B.:	

### Dues and Fees

Please refence Rule book 3.1:a

<b>Rider / Driver Membership Dues:</b>	\$160		
<b>Non-Rider / Driver Membership Dues:</b>	\$60		
<b>Lifetime Member?</b> <b>Circle:</b> YES <i>No Fee. Completed Application Required.</i>	Conf. or Year		
<b>Lifetime Competition Number:</b> \$60			
<b>Driver / Rider Only?</b> <b>Circle:</b> YES   or   NO	<b>Driver / Rider and Owner?</b> <b>Circle:</b> YES   or   NO	<b>Owner Only?</b> <b>Circle:</b> YES   or   NO	
<b>Lifetime Number on file?</b> <b>Circle:</b> YES   or   NO	Class:	Req. #	Rec'd. #
<b>Second Class:</b>	Class:	Req. #	Rec'd. #
<b>TOTAL amount enclosed:</b> \$			

**NOTES:**

Class:	Current #	Conf. #
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**By signing below, I agree to abide by the Rules, Regulations and By-laws set forth by the Colorado Hill Climb Association and will always represent the Club in a professional manner.**

Signature of applicate:	Date:
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