



PLEASE PRINT NEATLY ~~~CORVA MEMBERSHIP PAYMENT FORM~~~ PLEASE PRINT NEATLY

HOW PAID: Cash _____ Check# _____ Credit Card (see below) _____ Processed By: _____

NAME _____

SPOUSES NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Phone _____ Cell Phone _____

E-Mail(s) _____ Club _____

CARD NUMBER _____ CODE _____ EXPIRATION _____

MasterCard & Visa Card Only ~ **MUST BE BILLING ADDRESS** ~ Charge will be processed via Edonations.

Miscellaneous (description): _____ Amount: \$ _____

Membership Fees: Regular Annual Dues \$30.00 () New () Renewal # _____ \$ _____

Life Members Dues \$300.00 Associate Membership: \$365.00 \$ _____

TOTAL AMOUNT \$ _____

I AUTHORIZE THIS AMOUNT TO MY CREDIT CARD ACCOUNT: _____

Signature _____ date _____

Would you like to view your newsletter via the internet **ONLY?** (circle one) YES No-send mine via snail-mail

Please complete the following important information we will use to direct our focus. Thank you.

How many in your family? _____

Work as Field Rep for CORVA? _____

How many OHV trips per year do you take? _____

Where do you go to enjoy your OHV? _____

Write articles? _____

Attend important community meetings in your area? _____

What type of OHV do you drive? _____

Is this your first CORVA event? _____

Would you be willing to volunteer & where? _____

Help us – please give us your comments, ideas or suggestions

Work a booth or event? _____

about CORVA events or any CORVA project: _____

Assist with an OHV Clean Up event? _____

Processed by Your CORVA Rep _____ Event _____ Date _____

Thank-you for your support of the California Off Road Vehicle Association!