



California Off Road Vehicle Association Club Membership Application

Today's date: _____

Club Name: _____

Mailing Address: _____

City, Zip _____

Telephone: _____

Email: _____ Web-site: _____

Club Officers: _____ (List names and phone numbers)

President: _____

Treasurer: _____

Describe the Nature of your club, events, history, etc.:

List of Club Members

To determine status of CORVA membership, please attach separate sheet if needed

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

Name/Title of Club Officer _____

CORVA Sponsored Club, eligible for Sponsorship Insurance Program - \$300.00 yearly fee, which includes 10 free individual memberships (although total club membership is encouraged).

CORVA Club – For clubs exceeding 10 total members, the club must have a minimum of 10 paid individual CORVA members. For clubs with fewer than 10 members, the club must have 4 paid individual CORVA members.

For more information please contact Amy Granat, amy.granat@corva.org, cell: 916-710-1950
Or send to: CORVA, 1500 W. El Camino #352, Sacramento, CA 95833