



California Off Road Vehicle Association
Application for CORVA Membership

Today's date: _____

| | | |
|---------------|-----------------------|-----|
| NAME | | |
| ADDRESS | CITY | ZIP |
| TELEPHONE (h) | (c) | |
| CLUB (if any) | AREAS VISITED FOR OHV | |
| EMAIL | | |
| | | |

| | | | | |
|-----|-----|-----|-------|-----|
| 4X4 | M/C | ATV | BUGGY | SXS |
|-----|-----|-----|-------|-----|

I am Interested in volunteering with:

In consideration of the enclosed fee, the above individual desires
to become a CORVA member.

Signature _____

Date _____

Submit this application and attachments with \$30.00
CORVA, 1500 West El Camino Avenue #352, Sacramento CA
95833
Contact Amy Granat - amy.granat@corva.org or 916-710-1950