



PRESERVE YOUR RIDING PRIVILEGES - JOIN A CLUB

COBEQUID O.H.V. CLUB MEMBERSHIP APPLICATION

Please complete fully, this information is required.

New Membership (_____) Renewal Membership (_____)

Members Name _____

Mailing Address _____

_____ Postal Code _____

Phone No. _____

E-mail (print) _____

Number of family members _____

ATV Information (required)

Year _____ Make _____ Model _____ Colour _____ CC's _____

Plate # _____

Membership / Registrations Fees

I am purchasing a Membership to the Cobequid OHV Club \$10 _____ YES _____ NO

I am purchasing _____ (quantity) ATVANS Registration \$20(each) _____ YES _____ NO

Total Amount Remitted: \$ _____

PLEASE MAKE CHEQUES PAYABLE TO Cobequid OHV Club

Return To: Gary Bickerton, 31 Church Street, Amherst, NS B4H 3Z5

Telephone (902) 667- 8597

A receipt and ATVANS trail permit will be returned to you.

For office use only:

Payment and method	Date Forwarded to ATVANS	Sticker Number	Member ID	Site updated