

Colorado Velodrome Association membership form

Name _____

DOB ____/____/____

Address _____

City _____ State _____

Zip _____

Home Phone (____) _____

Work Phone (____) _____

Email Address _____

USCF License Number _____

UCI License Number _____

Track Category _____

Club _____

Emergency Contact _____

Phone (____) _____

Relationship _____

Thank You!!!

Please return to:

Colorado Velodrome Association
236 Writers Way
Colorado Springs, CO 80903

For Office use Only:

Amount Paid _____

Date Paid _____

CVA Number _____

Member Club: Yes [] No []

Free Night _____ Used _____