



Colorado Clown Membership Application

First Name _____ Last Name _____

Significant Other _____

Address _____

Home Phone _____ Other Phone _____

Email _____

Birthday (month/day) _____

Clown Name(s) _____

Website _____

Date Joined _____ Member No. _____

Please fill up the form and send it to –

Colorado Clown Association

P. O. Box 27072

Denver, CO - 80227