

MEMBERSHIP / RENEWAL APPLICATION



Please fill out entire form!

APPLICANT: NEW MEMBER RENEWAL MEMBERSHIP

Date _____

First Name _____ Last Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

Date of Birth _____

SPOUSE OR SIGNIFICANT OTHER:

First Name _____ Last Name _____

Date of Birth _____

CHECK BELOW FOR TYPE OF MEMBERSHIP:

Single Person membership at \$25.00 a year. Dual membership at \$35.00 a year.

VEHICLE INFORMATION:

Do you currently own a corvette? Yes No

If yes, what year is it _____, is it a Coupe, Convertible, Hardtop.

Exterior Color _____, Interior Color _____

How many Corvettes do you own? _____ Years _____

When did you buy your first Corvette? _____

**MAIL PAYMENT AND APPLICATION TO:
P.O. Box 13122 • Green Bay, Wisconsin 54307-3122
Or drop off at next Club Meeting**

FOR OFFICE USE

Date of Application Approval _____ / _____ / _____ By: _____