



# VIRGINIA CORVETTE CLUB



## APPLICATION FOR MEMBERSHIP\*

Date: \_\_\_\_\_

### 1<sup>st</sup> Adult Member:

### 2<sup>nd</sup> Adult Member:

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_ *Street Address*

\_\_\_\_\_ *Street Address*  Same

\_\_\_\_\_ *City, State, Zip*

\_\_\_\_\_ *City, State, Zip*

Birthday: \_\_\_\_\_  
(MM/DD Only)

Birthday: \_\_\_\_\_  
(MM/DD Only)

### Contact Information:

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Home  Cell

Home  Cell

Please Share Corvette Information: \_\_\_\_\_  
*Year, Color, Coupe/Convertible, etc.*

**Note:** *Owning a Corvette is not a requirement for membership.*

First Year Membership Fees: 1<sup>st</sup> Member \$31.90 (includes \$20 Annual Membership Dues plus \$11.90 Name Tag)

Co-Member \$21.90 (includes \$10 Annual Membership Dues plus \$11.90 Name Tag)

Make Checks Payable To: Virginia Corvette Club, Inc.

Mailing Address: P.O. Box 12004  
Lynchburg, VA 24506

### FOR CLUB USE ONLY:

TOTAL AMOUNT RECEIVED: \_\_\_\_\_  CASH  CHECK #  
\$ \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

\* The Virginia Corvette Club, Inc. assumes no liability for personal injury nor property damage occurring during or as a result of participation in Club sponsored events. Submission of this application signifies acceptance.