



VIRGINIA CORVETTE CLUB



APPLICATION FOR MEMBERSHIP*

Date: _____

1st Adult Member:

Print Name: _____

_____ *Street Address*

_____ *City, State, Zip*

Birthday: _____
(MM/DD Only)

Contact Information:

E-Mail: _____

Phone: _____

☐ Home ☐ Cell

2nd Adult Member:

Print Name: _____

_____ *Street Address* ☐ Same

_____ *City, State, Zip*

Birthday: _____
(MM/DD Only)

E-Mail: _____

Phone: _____

☐ 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: 1st Member \$33.47 (includes \$20 Annual Membership Dues plus \$13.47 Name Tag)

Co-Member \$23.47 (includes \$10 Annual Membership Dues plus \$13.47 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.