



Membership Application

PLEASE PRINT OR TYPE CLEARLY

Date: _____ Corvette License Plate Number _____

Name: 1.) _____ 3.) _____

2.) _____ 4.) _____

If you are applying as a family membership, list all names applying for club membership.

Address: _____ City: _____ State _____ Zip _____

Employer: _____

Phone Number(s): Home: _____ Work: _____

Cell: _____ Other: _____

E-Mail Address(es): _____ Other: _____

Make/ Model/Year of Corvette(s): List any information that you would like to share about your Corvette.

Annual dues are **\$40.00** for a single or family membership. Annual dues are prorated at \$2.50 per month. Example, if you are joining effective July 1, your annual dues would be \$15.00. If you join in November or December, no dues will be required: however, you will be paying FULL Annual dues for the next calendar year. Nametags are **\$20.00** each. Nametags are high quality laser engraved plastic nametags with a magnetic attachment.

FIRST & LAST NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAME TAG:

FIRST _____ **LAST** _____

I would like _____ (list number) of additional tags (**\$20.00** each). List names (first & last) below.

NAME _____ NAME _____

NAME _____ NAME _____

Please make a check out to: "Star City Corvette Club"

Check should be for \$40.00 plus \$20.00 for each nametag.

Mail check and application form to:

Star City Corvette Club, Inc

PO Box, 13813 Roanoke, VA 24037