

Membership Application

PLEASE PRINT OR TYPE CLEARLY

Date:	Corvette License Plate Number:	
Name: 1)	3)	
2)	4)ership, list all names applying for club me	
If you are applying as a family membe	rship, list all names applying for club me	embership
Address:		
Employer:		
Phone Number: Home:	Work:	Cell:
E-Mail:		
	any information you would like to share a	about your Corvette(s) or other vehicles:
are joining effective July 1, your annua you will be paying FULL annual dues	al dues would be \$19.98. If you join Nov	prated at \$3.33 per month. Example, if you wember or December, no dues will be required e \$14.00 each. Nametags are high quality or before order can be placed.
FIRST AND LAST NAME AS YOU WO	OULD LIKE IT TO APPEAR ON YOUR I	NAME TAG:
1) FIRST	LAST	QTY
	LAST	
	LAST	
4) FIRST	LAST	QTY

Please make a check out to: Star City Corvette Club Mail check and form to: P.O. Box 13813 Roanoke, VA 24037