



MEMBERSHIP APPLICATION

Member Information

Date: _____

Name #1: _____

Name #2: _____

Address: _____

Email Address: _____

Phone (Home): _____

Phone (Mobile): _____

Birthdate #1: / / #2 / /

Corvette Information

Type of Corvette
 Year: _____ Model: _____

Color: _____ Engine: _____

Corvette Related Interests

Car Shows: _____

Road Trips: _____

Social: _____

Other: _____

New to area?
 Yes ` No `

Previous or other Corvette Club Affiliation:

Membership Fees:
 Individual: \$40/year
 Couple: \$50/year
 Please make checks payable to:

TRI-STATE CORVETTE ASSOCIATION
 P.O. Box 1630
 Southampton, PA 18966

