MEMBERSHIP APPLICATION

Type-in with a Computer or Print Neatly.

Date of Application:			Connecticut
Applicant's Name (voting	g member):		Connecticut
Spouse/Significant Othe	r's Name (non-voting):		
Street Address:			
City:		State:	Zip:
Telephone Numbers:	(Home)	(Work)	(Cell)
Email Address:			
Applicant's Birthday:	(MM/DD)	Non-Voting Member Birthd	ay:
Occupation:		Hobbies/Interests:	
Are you a Veteran?	Yes/No	Branch/Service Dates	
Corvette Information:			
1. Year	Coupe/Conv	Color	Engine/Edition:
2. Year	Coupe/Conv	Color	Engine/Edition:
3. Year	Coupe/Conv	Color	Engine/Edition:
How did you find out abo	out Club Corvette of Con	necticut?	
Why did you choose our	club vs. other clubs?		
Do you use Social Media	a? Facebook	Twitter	Instagram

Please complete and return this form directly to a club officer, or mail with your check for \$60.00 in payment for your first year's dues. Subsequent dues will be \$50.00 per year unless otherwise established.

Make check payable to: CLUB CORVETTE OF CONNECTICUT, INC., P.O. Box 120236, East Haven CT 06512.

Please plan to attend our next general membership meeting. These meetings are held on the first Tuesday of each month, 7:00 PM, at Parthenon Diner Restaurant, 374 East Main Street, Branford, CT 06405. Directions are provided on the Contact Us page of the Club Corvette of Connecticut website: https://www.clubcorvettect.com

Thank you for submitting your application and we look forward to meeting you.

