

**THE CORVETTE SOCIETY
P.O. BOX 783**

LEVITTOWN, NEW YORK 11756-0783



MEMBERSHIP APPLICATION FORM

NAME _____ **SPOUSE/OTHER** _____

ADDRESS _____

CITY _____ **ZIP** _____ **PHONE** _____

TELL US SOME INFORMATION ABOUT YOUR CAR

YEAR _____ **COUPE/CONVERTIBLE** _____ **COLOR** _____

ENGINE _____ **HP** _____ **4SPEED** _____ **AUTO** _____

IS YOUR CAR STOCK _____ **RESTORED** _____ **MODIFIED** _____

TELL US ABOUT YOURSELF, WHAT KIND OF ACTIVITIES DO YOU LIKE.

YOUR OCCUPATION _____

DO YOU HAVE ANY EXPERIENCE JUDGING CARS _____

DO YOU LIKE, SHOWS _____ **DISPLAYS** _____ **CARAVANS** _____

SOCIAL EVENTS _____ **WEEKEND TRIPS** _____ **ROAD RALLIES** _____

COMMENTS _____

HOW DID YOU HEAR ABOUT US (FRIEND) (PIT STOP) (SHOW) (OTHER)

HAVE YOU EVER BEEN INVOLVED IN A CLUB BEFORE (YES) (NO)

E-MAIL ADDRESS _____

ANNUAL MEMBERSHIP FEE IS \$35.00 PER YEAR. SPOUSE

OR SIGNIFICANT OTHER \$5.00 ADDITIONAL

APPLICANTS SIGNATURE _____ **DATE** _____

PLEASE MAKE ALL CHECKS PAYABLE TO,

THE CORVETTE SOCIETY P.O. BOX 783, LEVITTOWN N.Y. 11756-0783

PLEASE DO NOT SEND CASH!

APPLICATION NO. _____ **CHECK#** _____ **AMOUNT** _____