



VICTORIA CORVETTE CLUB

MEMBERSHIP APPLICATION FORM

(Please Print)

FULL MEMBERSHIP

Name: _____
Last Name First Name

ASSOCIATE MEMBER

Name: _____
Last Name First Name

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ eMail: _____

CORVETTE INFORMATION

(list additional Corvettes on back page)

Year: _____ Model: _____ Color: _____
Engine: _____ Transmission: _____ License # _____

MEMBERSHIP FEE

Type of Membership

Full Member (includes membership to Canadian Council of Corvette Clubs)

Associate

(Membership renewal fee in following year is \$70.00)

Fee

\$75/yr

\$20/yr

Amount

Total Fees Due

Signature: _____

To be completed by the Membership Coordinator

Cash _____ Cheque _____ Member # _____

Date _____ Signature _____

ADDITIONAL CORVETTE INFORMATION

Year: _____ Model: _____ Color: _____
Engine: _____ Transmission: _____ License # _____

Year: _____ Model: _____ Color: _____
Engine: _____ Transmission: _____ License # _____

GENERAL INTEREST INFORMATION

Please indicate the type of club activities you would be interested in

Car Shows _____

Rallyes _____

Road Tours _____

Slalom Racing _____

Other Events _____

Comments and/or suggestions _____

Forward completed form and fees to:

VICTORIA CORVETTE CLUB
P.O. Box 5623, Station B
Victoria, B.C.
V8R 6S4