



Corvettes of Clarksville Membership Application



Last Name _____ First Name _____

Address _____

Spouse/Significant Other Full Name _____

Member:

Spouse/Significant Other:

Cell phone _____

Cell phone _____

Email _____

Email _____

Birth Month _____

Birth Month _____

We like to show member pictures on our website. We also provide a membership roster to our club members with personal information. Personal information is NOT shared with anyone other than our club members. Please check below:

I _____ consent

I _____ do not consent

Now for the important stuff!

Corvette #1 Year _____ Color _____ Body Style _____

Corvette #2 Year _____ Color _____ Body Style _____

(Example) 2016 Arctic White Z51 Stingray Coupe

Attach a check payable to Corvettes of Clarksville

\$50 for Individual Membership or \$70 for a Couple Membership. Application forms and payment are accepted at club meetings, any official club event, or mail to :

Corvettes of Clarksville

P.O. Box 31623

Clarksville, Tn. 37040-0028

I have read and agree to abide by the By-Laws of Corvettes of Clarksville.

Club Members

Signature _____ Date _____

Revised 5/2025