



Membership Application

(Existing Member)

DATE JOINED (MONTH/YEAR)

FULL NAME _____

NICK NAME _____

HOME ADDRESS _____

Street

City

State

Zip

PHONE NUMBER _____

BIRTHDAY: Month _____ Day _____

EMAIL ADDRESS:

CORVETTE DETAILS:

Year _____

Model _____

Color _____

Coupe

Convertible

EMERGENCY CONTACT: Name _____

Phone Number _____

MEMBERSHIP REQUIREMENTS

Thank you for your continued interest in being a member of Top Flight Corvette Club. Below is a list of requirements for continued membership. Should you have any questions, please do not hesitate to contact the club President or Vice President.

1. Complete and submit Membership Application to President, Vice President or Secretary.
2. Read Bylaws completely
3. Pay dues of \$100 no later than February 28th of each year (\$150 if including significant other in membership)
4. Attend a minimum of six (6) club meetings every calendar year
5. Volunteer to join at least one committee or assist with at least one Top Flight Corvette Club hosted event each calendar year
6. Participate in as many club events and activities as possible

By signing below, I certify that I am at least 21 years of age, own a Corvette, have read and will abide by the Bylaws and agree to all Membership Requirements listed above.

Signature _____ Date _____