The officers and members of the Cape Fear Corvettes (CFC) welcome you. Please let us know about yourself and your Corvette(s). We also welcome any other information about what you can bring to CFC activities and/or new ideas that you think would be of interest or benefit to our members. (This information is restricted to members only and will not be released without members' permission).

	PLEASE	PRINT CLEARLY	
MEMBERSHIP TYPE:	FULL	_ ASSOCIATE	HONORARY
NAME (As it will appear on your CFC name tag).			
ADDRESS			
CITY			
COUNTY			
STATE, ZIP			
HOME PHONE			
CELL PHONE (opt.)		***	
BIRTHDAY (Month & Date)			
E-MAIL ADDRESS			
SPOUSE (Or significant other) & Birthday (Month & Date)			
YOUR CORVETTE(S):	COLOR	YLE	
CORVETTE FORUM NAME (Opt.)			
RANK YOUR INTERESTS: CRUISE, SHOW, RACE, RESTO/REPAIR/MODS, OTHER (SPECIFY)	1. 2. 3. 4.		
OTHER MEMBERSHIPS: (NCM, NCCC, NCRS, etc.)	٠		
HOW DID YOU FIND OUT ABOUT CFC?			
INTERESTED IN ADS OR			

WITNESS:

DATE:

THIS IS A DISCLAIMER RELEASE -PLEASE READ BEFORE SUBMITTING YOUR APPLICATION!

- I agree that Cape Fear Corvettes (CFC) and their respective officers, employees and agents (hereinafter referred as "Released Parties") shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property occurring during any CFC activity, function, social event or combined event with any other organization and resulting from acts or omissions occurring during the performance of the duties of the Released Parties, even where the danger or injury is caused by negligence (except willful neglect).
- I understand and agree that all CFC members, and their guests and family participate voluntarily and at their own risk in all activities and I assume all risks of injury and damage arising out of the conduct of such activities.
- I release and hold the "Released Parties" harmless from any injury or loss to my person or property, which
 may result from my participation in any CFC activities and/or event.
- I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE "RELEASED PARTIES" FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR CHAPTER DUTIES IN SPONSORING, PLANNING OR CONDUCTING OF ANY SAID EVENT.

WAIVER OF RIGHTS UNDER STATE STATUTES

- I further agree to waive all benefits flowing from any state that would negate or limit the scope of the Release and Indemnification Agreement including, but not limited to the North Carolina Civil Code that provides: "A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him must have materially affected his settlement with the debtor."
- By signing the Application for Membership, I certify that I have read this release and fully understand it and that I am not relying on any statements or representations made by the "Released Parties."

Forward this application with your membership dues of \$30 to: Bill & Carol Bordwine, Membership Committee, 44 Gooseneck Road, Rocky Point, NC 28457