



Cape Fear Corvettes Membership

New and Renewing members please
complete all required fields.

Member Number:

E.G., 23

New Members Please Leave Blank. You will be assigned a member number by the Membership Chair.

Name: *

First Name

Last Name

Spouse or Significant Other:

First Name

Last Name

Email: *

example@example.com

Phone Number: *

(000) 000-0000

Please enter a valid phone number.

Address (Requested for All Members: *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Corvette Year:

Corvette Color:

Body Style:

Date

07-24-2026



Date

Annual Membership *



New Membership and Membership Renewal

Membership Dues Subsidize Member Benefits

\$30.00