



Application For Membership

Name: _____ a.k.a: _____

Address: _____ City _____ State _____ Zip: _____

Phone Number (h) _____ (c) _____

Email Address: _____

DOB: Month _____ Day _____ Year _____ Occupation: _____

Emergency Contact: Name _____ Phone Number _____

Relationship: _____

New to Atlanta area? _____ If no, how long have you lived here? _____

How did you find out about our club? _____

What generation (ex.,C7) and model (ex., Z06, conv., cpe.) is your Corvette? _____

Year _____ Mods. _____ Color _____

What do you like most about owning a Corvette? _____

Name other Metro Atlanta Corvette club of which you have been a member. _____

What capabilities or areas of expertise can you offer Unique Corvettes of Atlanta? _____

_ What hobbies, interests, activities, or other things would like us to know about you?

Email: info@uniquecorvettesofatlanta.com