

BRIDGE CITY CORVETTE CLUB



PORTLAND, OREGON

New Membership Application

Membership Dates: Start Date _____ Completed Date: _____

Member Information:

Name (1) _____

Name (2) _____

Address: _____

Birth Date (1) _____ (Month/Day) Birth Date (2) _____ (Month/Day)

Home Phone _____

Cell Phone (1) _____

Cell Phone (2) _____

Email (1) _____

Email (2) _____

Military Service (1) _____

Military Service (2) _____

Your Corvette(s) Information:

C - _____ Year _____ Coupe _____ Convertible _____ Model _____ Color _____

C - _____ Year _____ Coupe _____ Convertible _____ Model _____ Color _____

C - _____ Year _____ Coupe _____ Convertible _____ Model _____ Color _____

Completed Three Events for Membership (2 meetings, 1 Event or 2 Events, 1 Meeting) Yes _____ No _____

1st Event Date _____ 2nd Event Date _____ 3rd Event Date _____

BCCC Board Vote on Membership Yes _____ No _____

Membership Vote on Membership Yes _____ No _____

Dues Paid Yes _____ No _____