

Vettes "R" Us
Corvette Club Of Lake County, Fl
Membership Application

Believing in the purpose of this club and with a willingness to promote the welfare of the club by regular attendance at meetings and events, I/we hereby make application for membership. (Please Print) Date: _____

Your name: _____

Occupation: _____ Birthday _____ Anniversary _____

Name of spouse/significant other: _____ Birthday _____

Occupation: _____

Primary street address: _____

City _____ State _____ Zip _____

Are you a full-time Fl resident? Yes ____, No ____, If No, Out-of-State Address:

Primary phone: _____ Secondary phone: _____

Primary E-Mail address: _____

Secondary E-Mail address: _____

Please describe the Corvette(s) you own (Include color, year, coupe/convertible, etc.)

Have you ever been a member of another Corvette Club? Yes__ No__

If so, where, when, etc. _____

Would you be interested in serving on a club committee or leading a cruise? Yes __ No__

Date and location of Corvette Club meeting you attended _____

Date and location of Corvette Club event you attended _____

1. Name desired on name tag _____

2- Name desired on name tag _____

Please complete and return this application to a club officer with dues.

New member single \$30; couple \$50 After June 30, the dues are pro-rated at 50%.