



BROOKVILLE CORVETTE CLUB

MEMBERSHIP APPLICATION FORM

DATE _____ MARRIED () SINGLE ()

NAME _____ SPOUSE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (CELL) _____ PHONE (HOME) _____

E-MAIL _____

BIRTHDAY _____ SPOUSE BIRTHDAY _____
MONTH / DAY MONTH / DAY

ANNIVERSARY _____ CHILDREN & BIRTHDATES _____
MONTH / DAY

OCCUPATION _____ SPOUSE OCCUPATION _____

MEMBERSHIP DUES \$50.00 PER FAMILY NEW () RENEW ()

CORVETTE INFORMATION

CORVETTE YEAR _____ (2ND) CORVETTE YEAR _____

COUPE () CONVERTIBLE / ROADSTER () COUPE () CONVERTIBLE / ROADSTER ()

COLOR EXT. _____ INT. _____ COLOR EXT. _____ INT. _____

Cu. In. _____ HP. _____ Cu. In. _____ HP. _____

ANY SUPPLEMENTARY CORVETTE INFORMATION, SUCH AS OPTIONS, RARITY, ETC. :

I, the undersigned, am in agreement with and willing to abide by the Constitution and by-Laws of the Brookville Corvette Club.

APPLICANT _____

SPOUSE _____

SPONSOR (FOR NEW MEMBERS ONLY) _____

This is the individual most responsible for your interest in the BCC.

DATE APPROVED _____ BY _____