

CROSSROADS CORVETTES OF INDIANA

APPLICATION FOR MEMBERSHIP

NAME: _____

SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL ADDRESS: _____

NAME OF SPONSOR: _____

HOW DO YOU KNOW YOUR SPONSOR? _____

YEAR, MODEL, COLOR OF CORVETTE: _____

CORVETTES OWNED IN THE PAST: _____

HAVE YOU EVER BELONGED TO A CORVETTE CLUB? _____

IF SO, WHAT CLUB? _____

WE SUPPORT VETERAN CHARITIES. ARE YOU A VETERAN? _____

OTHER HOBBIES OR INTERESTS: _____

WHAT TYPE OF ACTIVITIES ARE YOU INTERESTED IN?

PARADES _____ CAR SHOW _____ MYSTERY DRIVE _____

WEEKLY DINNERS _____ OVERNIGHT TRIPS _____ DRIVE & DINE _____

How did you hear about us? _____

PLEASE EMAIL APPLICATION TO:

ccmembership2@gmail.com

www.crossroadscorvettes.com