



First State Corvette Club Membership Application

Established 1970

Please Print

Name: _____ home phone: _____

Address: _____ Cell phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Your Birth Date: (mm) (dd) _____

Spouse or Significant Other:

Name: _____ Home phone: _____

Email Address: _____

Birth Date:(mm) (dd)_____

Corvette Information

Year: _____ Body style: _____ Color: _____
(coupe or convertible)

Year: _____ Body style: _____ Color: _____
(coupe or convertible)

Name of Sponsor (if any):_____

☐ I have read and understand the By-Laws of the First State Corvette Club
<https://firststatecorvetteclub.com/membership>

Applicants must bring in person the completed application and dues (\$40 annually) to a meeting of the First State Corvette Club on the first Wednesday of any month except December. Go to <https://firststatecorvetteclub.com> to find the current month's meeting place and time.

Signature of Applicant _____

Date Joined: _____ Date Paid: _____
(For membership coordinator) (Rev 8/25)