

# NEW MEMBER APPLICATION FORM



High Desert Corvette Club  
P.O. Box 6442  
Bend, OR 97701

His Name: \_\_\_\_\_ Date: \_\_\_\_\_

Her Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

His Cell# \_\_\_\_\_ Her Cell# \_\_\_\_\_

His E-Mail: \_\_\_\_\_

Her E-Mail: \_\_\_\_\_

His Birthday \_\_\_\_\_ Her Birthday \_\_\_\_\_

Anniversary Date \_\_\_\_\_

Year, Model & Color of Corvette: \_\_\_\_\_

Membership Dues (**PLEASE CIRCLE**): **\$60** for a Couple, **\$35** Single (per year dues).

New Members: Please prorate dues to March 31<sup>st</sup> & make checks payable to:

High Desert Corvette Club, P.O. Box 6442, Bend, OR 97708-6442

Membership Chairperson only: Date \_\_\_\_\_ Roster \_\_\_\_\_ Badge \_\_\_\_\_ Email list \_\_\_\_\_

Rev. 8/10/2019