

RIVER CITY CORVETTE MEMBERSHIP APPLICATION

Please Print or Click anywhere on the form to insert your info

Name _____ Birthday: _____

Spouse/Significant Other's Name _____ Birthday: _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Cell Phone _____

Email: _____ Best Time to Call: _____

1. Corvette Year: _____ Model: _____ Color: _____

License Plate Number: _____

2. Corvette Year: _____ Model: _____ Color: _____

License Plate Number: _____

Occupation: _____

Spouse/Significant Other's Occupation: _____

How did you hear about the club? _____

For Club Use Only

Proof of Insurance Verified by: _____ Proof of Driver's License Verified by: _____

Officially Became a Member of RCCC: Date: _____ Amount of Dues Paid: \$ _____