

Corvette Club of Marion County
3101 SW 34th Ave. Suite 905-123
Ocala, FL 34474
Membership Application

Membership: \$65 per year

Dues are payable at the regular club meeting in January each year. By signing this application, you acknowledge receipt of a copy of the CCMC bylaws. PLEASE PRINT LEGIBLY

Full Name: _____

Spouse or significant other's name: _____

Street Address: _____

City, State, Zip Code: _____

Mailing address if different: _____

City, State, Zip Code: _____

Home Phone: _____

Cell phone: _____

Spouse or significant other's phone number: _____

By providing an email address you are giving the club permission to send club information to this address.

Your email address: _____

Spouse or significant other's email address: _____

Are you a Veteran? Branch: _____ Service dates: _____/_____/_____

Spouse Branch: _____ Service dates: _____/_____/_____

Corvettes:

Year: _____ Model: _____ Color: _____

Year: _____ Model: _____ Color: _____

Year: _____ Model: _____ Color: _____

Applicant must submit application at monthly business meeting along with membership fee.

Signature: _____

//////For office use only: Membership fees paid: Amount \$ _____ Date paid: ____/____/_____

Check # _____ Cash _____