

**Corvette Club of Marion County**

**PO Box 4213 Ocala, FL 34478**

**Membership Application**

Membership: \$50 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 \_\_\_\_\_