



CORVETTES OF FRESNO - Membership Application



PLEASE PRINT

Date _____

Name _____
Last First MI

Cell # _____

Spouse _____
Last First MI

Cell # _____

Address _____
Number & Street City State Zip

Mailing Address (if different) _____

Email Address #1 _____ Home Phone _____

Email Address #2 _____ Fax Phone _____

CoF Newsletter will be emailed to your email address. Request *Paper Copy* of newsletter check here: _____

Employer _____ Work Phone _____

Spouse Employer _____ Work Phone _____

Occupation _____ Spouse Occupation _____

Birthday _____ Spouse Birthday _____ Anniversary _____

Car Information

Year	Body Style (Coupe, Convertible)	Color	Vehicle Identification #	License Plate #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

(Continue on back if more than two cars)

Primary Interests (Car Runs, Parties, Autocross, Tours, etc.) _____

Emergency Contact _____ Phone _____

New Member? Yes No Previous Member from (year) _____ to _____

Type of Membership Desired Single Couple Coat Size: His _____ Hers _____

Signature _____ Spouse Signature _____

*****CLUB USE ONLY*****

Meeting Attendance Dates (1)	(2)
Activities	
Club Dues Amount Paid \$	Check# Date
Approved by CoF Board <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Membership Director Signature	