

# Membership Application

## ***CORVETTE CLUB OF RICHMOND***

### Personal Information

### Pilot

### Co-Pilot

Name		
Street Address		
City State Zip		
Phone(s) Home		
Work		
Cell		
eMail Address		
Employer		
Occupation		
Business Address		
Birth Day: MM /DD		
Other Interests		
Your skills that may be of use to the club or its members		
Member of this club before? If yes, when / how long		
Have you ever belonged to another Corvette Club, car club or social club? If yes, Club Name, Where, When?		
How did you hear of Corvette Club of Richmond?		
Why would you like to Join Corvette Club of Richmond?		
Please list event(s) and / or meeting(s) you have attended		

### Corvette(s) that you own:

Year	Color	Model	Coupe / Convertible

**Name Tag:** Each club member has a name tag which is worn at all meetings and events. Members may prefer nick names. Please provide the name (first and last) you wish to have on your name tag.

Pilot: \_\_\_\_\_ Co-Pilot: \_\_\_\_\_

**Pledge:** If accepted as a member of Corvette Club of Richmond, I promise to abide by the rules of the club and do my part for its betterment.  
Signature(s)

Pilot: \_\_\_\_\_ Co-Pilot \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Dues for Pilot only membership are \$25 per year or \$35 for both Pilot and Co-Pilot. Deliver this completed and signed application with your payment to the CCR President at a membership meeting or mail it to: Membership Committee, Corvette Club of Richmond, P.O. Box 761, Chesterfield, VA 23832. Once your application is approved, you will be notified. Approval may take up to two months. This form is available on the internet at [www.CorvetteClubOfRichmond.com](http://www.CorvetteClubOfRichmond.com).

<b>Office Use Only</b>		
Executive Board Approval Date		
Treasurer: Payment Amount \$	Check #	Date: