



www.**Custom Classic Corvette Club**.com

## Membership Application

(Rev1/16)

NAME: (Last, First) \_\_\_\_\_

PHONE#: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: (This person will be contacted in case of an emergency)

NAME and PH#: \_\_\_\_\_

CORVETTE INFORMATION:

YR: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

SIGNATURE and DATE: \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_

Your completed application may be mailed to:

Custom Classic Corvette Club  
701 Falls Creek Court.  
Chesapeake, VA 23322  
(Attn: Membership)

Please do not mail dues. Applications can also be submitted at a Business Meeting.

**THANK YOU FOR YOUR INTEREST IN CUSTOM CLASSIC CORVETTE CLUB.**

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For Treasurer's Use Only:

Date Application Received: \_\_\_\_\_

Member Since: \_\_\_\_\_ Member#: \_\_\_\_\_ Terminated: \_\_\_\_\_