



Mississippi Corvette Club Membership Renewal/Rejoin New Member

www.mscorvetteclub.com

Please complete this form and attach a \$40.00 check payable to Mississippi Corvette Club and mail to the address shown above.

Applicant Information:

Please print. Information should appear as you wish to have it listed in the Club Directory.

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Name:					
Birthday: mm/dd	Cell Ph:		Home Ph:		
Address:					
City:	State:		Zip Code:		
Email:			Anniversary: mm/dd		
Family Member Information:					
Name # 1:					
Email:					
Cell Ph:		Birthday: mm/dd		Relationship:	
Name # 2:		Birthday: mm/dd		Relationship:	
Name # 3:		Birthday: mm/dd		Relationship:	
Corvette Information:			Į.		
Corvette # 1 Color:	Year:	Body Styl	e:	TAG:	
Corvette # 2 Color:	Year:	Body Style:		TAG:	
Corvette # 3 Color:	Year:	Body Styl	e:	TAG:	
I am a member of the following auto club organizations:					
I would be interested in the following activities / events: (check all that apply) □ DRIVING TOURS □ OVERNIGHT TRIPS □ ROAD TRIPS					
□ TOURS TO MUSEUMS	□ RACING			□ TECH CLINICS	
TOUR/EVENT PLANNING					
Date:		Signature			