



MEMBERSHIP APPLICATION

Name: _____ Occupation: _____

Spouse: _____ Occupation: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone #: _____ Alt Phone #: _____

E-Mail: _____

Birthday (Mo/Day): _____ Spouse Birthday (Mo/Day): _____

Anniversary (Mo/Day): _____

Tell us about your Corvette(s)

Year: _____ Model: _____ Color: _____

Year: _____ Model: _____ Color: _____

Year: _____ Model: _____ Color: _____

Membership fee is \$65/year which includes your NCCC Membership (See separate form for NCCC). If you already have an NCCC Membership please include the number here: _____ and your club fee would be \$25 until the next renewal. At that time you will then be back to \$65/year.

Make check payable to "Rocket City Corvettes Inc." and mail to 812 Coral Springs St, Melbourne FL 32940 or hand the forms in at a club meeting.

I agree to follow all rules and regulations as stated in the Rocket City Corvettes By-Laws set by this club as long as I hold an active membership:

Signature: _____ Date: _____