Willamette Valley Corvette Association (WVCA)

P.O. BOX 20576 KEIZER, OREGON 97307

APPLICATION FOR MEMBERSHIP

Please complete the information below and <u>attach your check to this form</u> (dues are prorated during the year so ask our treasurer how much is owing), when you have completed your membership qualifications.

Please print:

Applicant_____ Birthday (month/day)_____

Spouse/SO _____ Birthday (month/day)_____

Address _____

City_____ State_____ Zip_____

Home phone_____ Work_____ Cell_____

Email _____

Year of Car_____ Color_____ Model_____

Year of Car_____ Color_____ Model_____

Year of Car_____ Color_____ Model_____

In consideration of this membership I/we will agree to abide by the constitution and bylaws of this organization.

Signature_____ Date_____

Signature_____ Date_____

FOR PROSPECTIVE MEMBERS

Dates of meetings attended (need 2) 1_____ 2_____

Events attended (need 2) 1_____2_____