

Corvettes of Naples

Membership Application

(Print Clearly)

Date _____ New ___ Renewal ___

His Name _____ Date of Birth _____
Mo/Day

Her Name _____ Date of Birth _____
Mo/Day

Street address _____

City _____ State ___ Zip _____

Home phone _____ Business phone _____

Home fax _____ Business Fax _____

Email _____ Employer _____

His cell _____ Her cell _____

Your Current Corvette(s):
Year _____ Body Style _____ Color _____

Year _____ Body Style _____ Color _____

Year _____ Body Style _____ Color _____

Activities Primarily Interested In:

Autocross ___ Concours ___ Fun Rally ___ Family Events ___

How to Shops ___ Dinner Cruises ___

Other (specify) _____

Are you a Member in other corvette clubs? Yes ___ No ___

Chapter & State _____

His NCCC# _____ Her NCCC# _____

His Signature _____

Her Signature _____

Annual Membership dues \$75.00

Make checks payable to: Corvettes of Naples

**Return to: Sandy Hutchinson
2904 S.E. 5th Place
Cape Coral, FL 33904**

**For more Information Call:
239-772-0705**

