



TUCSON CORVETTE CLUB APPLICATION FOR MEMBERSHIP

(Must be over 16 years of age)



DATE: _____

NCCC# _____

Primary: First Name _____ Middle _____ Last _____

Spouse: First Name _____ Middle _____ Last _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____ Email: _____

Spouse Phone: (____) _____ - _____ Email: _____

Date of Birth: Primary _____ Spouse _____

Occupation: _____

Membership type: Regular _____ Associate _____

Vehicle Information: Year _____ Model _____ Engine _____ Color _____

License Plate _____

Tell us about yourself/selves: _____

How did you hear about the club: _____

Sponsor's name: _____

Would you be willing to volunteer as a work as well as an entrant to club activities? _____

WELCOME TO THE TUCSON CORVETTE CLUB!!! Send forms and dues check to the following:

Tucson Corvette Club

PO Box 12051

Tucson AZ 85732-2051