

Corvette Cruisers of Illinois

Membership Application for 2016

Date_____

Name_____

Address_____

Phone_____

Cell Phone _____

Birthday____/____/____

Anniversary _____

Email Address_____

Spouse:

Name_____

Cell Phone_____

Birthday____/____/____

Email_____

How would you like to receive the monthly newsletter?

Email or Mail

Referred by a Member Yes or No

Members Name_____

Amount Paid \$_____

Cash or Check

Year of Corvette_____

