



MEMBERSHIP APPLICATION

Date: _____ Annual Dues \$30.00 (amount enclosed): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (home): _____ (work): _____

E-Mail (to receive newsletter): _____

Occupation: _____

Family (Spouse): _____

Corvette Information:

Now own:

Looking for:

Year: _____

Body Style: _____

Color: _____

Engine: _____

Options: _____

PLEASE MAKE CHECKS PAYABLE TO "GLEN REGIONAL CORVETTE CLUB"
AND MAIL THIS APPLICATION AND YOUR CHECK TO:

GLEN REGIONAL CORVETTE CLUB
P.O. BOX 155
ELMIRA, NEW YORK 14902

Membership Chairman:
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570-537-2459