



SIMI VALLEY CORVETTES MEMBERSHIP APPLICATION

* PRINT CLEARLY *

DATE

NAME (FIRST, LAST) DOB(MM/DD only)

CO-APPLICANT NAME DOB(MM/DD only)

ADDRESS, CITY, ZIP

HOME PHONE CELL

APPLICANT EMAIL

CO-APPLICANT EMAIL

WEDDING ANNIVERSARY (MM/DD only) Co-Applicant Cell

CORVETTE INFORMATION (Year: Body Style: Color: Lic Plate)

HOW DID YOU HEAR ABOUT OUR SVC CLUB?

EVENTS YOU PREFER?

By signing this application, hold Simi Valley Corvettes (SVC) free and harmless of any and all liabilities while attending or competing in any SVC club functions.

Applicant's Signature: Date:

Co-Applicant's Signature: Date:

SVC Vice President's Signature: Date:

SVC VP Check off list:	Name Tag ordered _____
By Laws emailed _____	T-Shirt given _____
Club Packet given _____	E-Board notified new member(s) _____
Membership Roster emailed _____	SVC Business Cards given _____
Membership files emailed _____	

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