



OZAUKEE CORVETTE CLUB

Est. 1979

New Member Application

Corvette ownership not a requirement to join

Name:	_____	Birthday :	___/___/___
Address:	_____	Anniv Date	___/___/___
City:	_____	State:	_____
Zip:	_____		
Phone (cell)	_____-_____-_____	(home)	_____-_____-_____
Email:	_____		
Significant other's name (if not a member)	_____		

Information below is required for Joint membership.

Co Member	_____	Address	_____
City:	_____	State:	_____
Zip:	_____		
Phone (cell):	_____	(home):	_____
Email:	_____	Birthday	___/___/___

Corvettes:	Year	Style	Color	Lic. Plate # (For board use only)
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Dues: \$55 individual membership and \$75 for a Joint membership.

Members joining in Oct, Nov, Dec are considered full members in the following calendar year.

Each new member receives a club patch, club window sticker and a name tag.

All members receive the club newsletters, social gatherings and great friendships.

Questions? Call Ron at 414-870-2497 or write to OzaukeeCorvetteClub@gmail.com.

Total amount remitted \$_____

I hereby certify that I am over 18 years of age, have and will maintain the minimum Wisconsin DOT auto insurance while a member of Ozaukee Corvette Club.

Signature:_____ **Date:**_____

Co-Signature:_____ **Date:**_____

Mail to: Ozaukee Corvette Club, attn: membership, PO Box 80171, Saukville, WI 53080

Please tell us how you heard about us. _____