



OZAUKEE CORVETTE CLUB

Est. 1979

Renewal Member Application

Due by Dec 31st

This is required for an Individual membership Corvette ownership not a requirement to join

Name: _____ Birth date: ____/____/____

Street Address: _____ Anniv Date ____/____/____

City: _____ State: _____ Zip: _____

Phone (Home) ____-____-____ (Cell) ____-____-____ Dt Joined: ____/____/____

Email: _____ @ _____.

Winter Address: _____

Significant other name (not a member) _____

Information below is required for Joint membership.

Co Member _____ Birthday ____/____/____

(If different than primary member):

Address _____ City _____ St _____ Zip _____

Phone (home): ____-____-____ (cell): ____-____-____

Email: _____ @ _____.

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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dues:

Individual is \$45.00 and Joint is \$55.00 due by Dec 31st of each calendar year

Total amount remitted \$ _____

I hereby certify that I am over 18 years of age, have and will maintain at least 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