



MEMBERSHIP APPLICATION

NAME: Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Nos: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_

SPOUSE/SIGNIFICANT OTHER NAME Last: \_\_\_\_\_ FIRST: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Nos: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_

Wedding Anniversary: Month \_\_\_\_\_ Day: \_\_\_\_\_

CORVETTE INFO: #1 Year \_\_\_\_\_ Body Style \_\_\_\_\_ Color \_\_\_\_\_

#2 Year \_\_\_\_\_ Body Style \_\_\_\_\_ Color \_\_\_\_\_

#3 Year \_\_\_\_\_ Body Style \_\_\_\_\_ Color \_\_\_\_\_

#4 Year \_\_\_\_\_ Body Style \_\_\_\_\_ Color \_\_\_\_\_

I agree to comply with the requirements of the bylaws, and regulations adopted by the membership of Flag City Corvettes, Inc., with the full knowledge of the responsibilities accompanying membership. I also certify that I am at least 18 years of age.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use:

Member Sponsor: \_\_\_\_\_ (If applicable)

Annual Dues: ( ) \$20 Single ( ) \$30 Member and Spouse ( ) Check # \_\_\_\_\_ ( ) Cash

Check made payable to Flag City Corvettes, Inc

Date: \_\_\_\_\_ Amt \$ \_\_\_\_\_

Mailing Address
215 E. Main Cross Street
Findlay, OH 45840