



(mailing address)  
215 E. MAIN CROSS STREET  
FINDLAY, OH 45840

**MEMBERSHIP APPLICATION**

(please print)

Name: Last \_\_\_\_\_ First \_\_\_\_\_

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

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

Phone No: Home \_\_\_\_\_ Work (optional) \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

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

Spouse/Significant Other Name: \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**CORVETTE DATA:**

Year of Corvette: #1 \_\_\_\_\_ Body Style \_\_\_\_\_ Color \_\_\_\_\_ Lic# \_\_\_\_\_

#2 \_\_\_\_\_ Body Style \_\_\_\_\_ Color \_\_\_\_\_ Lic# \_\_\_\_\_

Hobbies & Special Interests: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

Annual Dues: (check one) \_\_\_\_\_ \$20 Single \_\_\_\_\_ \$30 Member and Spouse or Significant Other

FCCI Member sponsoring this application: \_\_\_\_\_

**FOR OFFICIAL USE:**

Date: \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Cash ( ) Check ( ) Check # \_\_\_\_\_

Membership # Primary \_\_\_\_\_ Spouse or Significant Other \_\_\_\_\_