



MEMBERSHIP APPLICATION

NAME: Last _____ First _____

Address: _____

City: _____ State _____ Zip _____

Phone Nos: Home _____ Work: _____ Cell: _____

Birthdate: Month _____ Day _____

Email: _____

SPOUSE/SIGNIFICANT OTHER NAME Last: _____ FIRST: _____

Address: _____

City: _____ State _____ Zip _____

Phone Nos: Home _____ Work: _____ Cell: _____

Birthdate: Month _____ Day _____

Email: _____

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