

Central Lakes Corvette Club Membership Form

Name: _____

Birthdate: _____

e-Mail Address: _____

Spouse, Partner, Significant Other:

e-Mail Address: _____

Birthdate: _____

Mailing Address: _____

City, State, ZIP _____

Home Phone Number: _____

Your Website _____

Children's Names: _____

Year(s) and Color of Corvettes: _____

Coupe(s) or Convertible(s) (Circle selection)

Occupation (You, Spouse, Partner or Significant Other:

Hobbies/Interests: _____

Corvette Club Activity Ideas: _____

The CLCC Membership Fee covers a primary member and your spouse/partner or significant other.

Please print, complete and send this form with a total Membership Fee of \$30.00 to:

**Central Lakes Corvette Club P.O. Box 2596 Baxter, MN 56425
CLCC meets the first Tuesday of each month except in December.**

Bob, President

Thank you for your Membership!