

TOUCH OF CLASS CORVETTE CLUB, INC.

Membership Application

Date: _____

Name: _____ D.O.B. _____ Anniversary: _____

Spouse: _____ D.O.B. _____

Address: _____ City: _____ Zip: _____

E-mail: _____

Phone: _____ Cell: _____

Corvette(s) Owned: Year: _____ Model: _____ Color: _____

Year: _____ Model: _____ Color: _____

As a member of the Touch of Class Corvette Club, I would be interested in:

Social Activities Car Shows Driving Events

Officer Position Committees Weekend Trips

Other: _____

I agree to abide to the Bylaws and Rules governing the Touch of Class Corvette Club.

Applicant signature: _____

Spouse's signature: _____

Sponsor: _____

Prior to being voted into the Touch of Class Corvette Club, applicants must attend one membership meeting and one activity.

(OPTIONAL) - On the reverse of this page, please give a little personal history - places lived, occupation, cars owned, hobbies, etc. Thank you.

Touch of Class Corvette Club

P O Box 632

Inverness, FL 34451

(For TCCC use): Meeting attended: _____

Activity attended: _____

Dues paid: _____