NIAGARA CORVETTE CLUB
MEMBERSHIP APPLICATION FORM

PERIOD: Year 2027 (January to December) ☐ New ☐ Renewal

MEMBER INFORMATION

☐ **FULL MEMBER** or ☐ **ASSOCIATE MEMBER** (non-Corvette owner)

Member's Name: _____ **Date of Birth:** _____
MM/DD/YY

Affiliate's Name: _____ **Date of Birth:** _____
(Membership includes spouse or companion as an Affiliate member) MM/DD/YY

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Primary Phone Number: _____ OK to send text? Yes ☐ No ☐

E-Mail: _____ **Affiliate E-Mail**: _____

_____ _____
DATE (MM/DD/YY) **SIGNATURE**

CORVETTE INFORMATION: (For example, Model is Z06, ZR1, Stingray...)

1) Year _____ Model _____ Colour _____ Licence Plate No. _____

2) Year _____ Model _____ Colour _____ Licence Plate No. _____

3) Year _____ Model _____ Colour _____ Licence Plate No. _____

NEW MEMBER

How did you hear about the Club? _____

Did a Club Member refer you? Please enter their name: _____

MEMBERSHIP FEE STRUCTURE:

Full Member: $75.00 per year Associate Member: $75.00 per year

Fees are non-refundable.
Members joining after Oct 1st will receive a carry over to the next year.

Email Address Privacy	Photo Permission
☐ You may share my email address with other club members	☐ I understand that as a result of attending club events, I may appear in photos that are posted on the club web page and Facebook page
☐ Please do not disclose my email address to other members	☐ Camera shy! Please do not use any photos of me online

All personal information is not released to members or otherwise without written consent.
Any questions, please feel free to contact Susan Smith, Membership Director at membership@niagaracorvetteclub.com
Please contact Susan if you require a mailing address for the Club.

Make all cheques payable to: **NIAGARA CORVETTE CLUB** **OR** **E TRANSFER AUTO PAYMENT option:**
Craig R. Gemmel (payee) - No Security question
treasurer@niagaracorvetteclub.com