



GREATER NEW ORLEANS CORVETTE CLUB MEMBERSHIP APPLICATION

(Please Print or Type)

_____ **NEW MEMBER** _____ **RENEWAL**

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP Code _____

BIRTHDATE: _____ EMPLOYER: _____

HOME: (_____) WORK (_____) _____

CELL (_____) _____

E MAIL ADDRESS: _____

SPOUSE /ASSOCIATE

NAME: _____ BIRTHDATE: _____

CELL: (_____) _____ WORK (_____) _____

EMPLOYER: _____

EMAIL ADDRESS: _____

CORVETTE INFORMATION: YEAR: _____ BODY STYLE: _____ COLOR: _____

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INTERESTS (other than Corvettes): _____

CLUB EXPECTATIONS: _____

MEMBERSHIP CATAGORIES & DUES SCHEDULE

(Please Check Appropriate Membership Type)

_____ REGULAR --- \$50.00 (INCLUDES 2 ADULTS WITH OR W/O CHILDREN UP TO AGE 18 OR STUDENT)

_____ FAMILY OF LIFE TIME MEMBER --- \$20.00

Make check payable to GNOCC

Mail to : Dee Kaplan 117 Roseland Dr. Luling, La. 70070

Support YOUR Club by volunteering to serve on a Committee or Chair an Event

FOR CLUB USE ONLY	PAYMENT AMOUNT: _____	CHECK #: _____	CASH: _____
DATE RECEIVED: _____	BY: _____	MEMBERSHIP # ASSIGNED _____	
FORWARDED TO: _____	PRESIDENT _____	EDITOR _____	EMAIL DIRECTOR _____
			PHONE COMMITTEE _____