

Corvettes United of Central Massachusetts

Membership Application/Renewal
P.O. Box 60041, Greendale Station
Worcester, Massachusetts 01606
www.CorvettesUnited.com



Application:
Renewal:

Name: _____ Spouse's Name: _____
Address: (no. & street) _____
City, State, Zip: _____
Home Phone: (____) _____ Mobile Phone: (____) _____ Work Phone: (____) _____
E-Mail: _____ Birthday: ____/____/____ Spouse's Birthday: ____/____/____

May we include the above information on the Club Members List? (Check Choice) YES NO
How would you like to receive your newsletter? (Check Choice) E-mail Club Website

Occupation: _____ Company: (optional) _____

Tell us about your Corvettes. You can enter two below.
#1: Year ____ Model ____ Color ____ #2: Year ____ Model ____ Color ____
Do you have more? If so, how many additional? _____

Are you a member of any other Corvette organization? (NCRS, NCCC, NCM, etc.)
If so, please list: _____

What Corvette related activities interest you most? (Check All That Apply)
Shows , Road Rallies , Auto Cross , Drag Racing , Outings , Cruise Nights , Caravans
Other _____

Do you have any special talents, which may be of benefit to the club? (If so, please list)

PLEASE ATTACH A PHOTO OF YOUR CORVETTE(S) FOR OUR ALBUM! If you E-Mail us one, we will place it on the Club Website. Please e-mail to **webmaster@corvettesunited.com**. Thank you!

Applicant's Signature: _____ Date: ____/____/20____

(PLEASE DO NOT WRITE BELOW THIS LINE)

Full ___ Spouse ___ Associate ___ Sponsor ___ Honorary ___

Date Dues Received ____/____/____ Amount \$ _____ Check ___ Cash ___

Make Checks Payable to Corvettes United of Central Massachusetts

(DUES ARE CURRENTLY \$50.00 A YEAR FOR NEW MEMBERS, \$40 RENEWAL \$25 SPOUSE)