

Check off appropriate box(s)

New Member:	<input type="checkbox"/>
Spouse:	<input type="checkbox"/>

Renewal Member:	<input type="checkbox"/>
Spouse:	<input type="checkbox"/>

Returning Member:	<input type="checkbox"/>
Spouse:	<input type="checkbox"/>

# Corvettes United of Central Massachusetts

Membership Application

P.O. Box 60041

Greendale Station

Worcester, Massachusetts 01606

http://www.CorvettesUnited.com



Name: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address:(street) \_\_\_\_\_

Address:(city, state, zip) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Member E-Mail: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Spouse E-Mail: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

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 \_\_\_\_\_ CU Website \_\_\_\_\_

Occupation: \_\_\_\_\_ Company (optional) \_\_\_\_\_

Tell us about your Corvettes. You can enter two below. Do you have more? If so, how many? \_\_\_\_\_

#1: Year \_\_\_\_ Model \_\_\_\_ Color \_\_\_\_\_ #2: Year \_\_\_\_ Model \_\_\_\_ Color \_\_\_\_\_

Are you a member of any other Corvette organization? ( NCRS, NCCC, NCM, etc.)

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? (Please list)

\_\_\_\_\_

PLEASE ATTACH A PHOTO OF YOUR CORVETTE (S) FOR OUR ALBUM! IF YOU EMAIL US ONE, WE WILL PLACE IT ON OUR WEB PAGE. EMAIL TO chadeastwood1@gmail.com

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

(DO NOT WRITE BELOW THIS LINE)

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Membership Dues are currently as follows:

**\$ 50.00 a Year for New Member**

\$ 40.00 a Year for Renewal or Returning Member

**\$ 25.00 a Year for Spouse**

Length of time credit for Returning Membership: \_\_\_\_\_ Years

**Spouse: \_\_\_\_\_ Years**

Date Dues Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_ Check \_\_\_ Cash \_\_\_

Make Checks Payable to: **Corvettes United**