



MEMBERSHIP APPLICATION

NAME (1): _____

NAME (2): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (1): H: _____ C: _____

PHONE (2): H: _____ C: _____

EMAIL (1): _____

EMAIL (2): _____

** DATE OF BIRTH: (1) MONTH _____ DAY _____ DATE OF BIRTH: (2) MONTH _____ DAY _____

** ANNIVERSARY: MONTH _____ DAY _____

CAR MAKE: CORVETTE
MODEL: _____
STYLE: { } COUPE { } CONVERTIBLE
YEAR: _____ COLOR: _____

ACTIVITIES and INTERESTS (CHECK ALL THAT APPLY)

_____ ROAD RALLIES _____ ROAD TOURING _____ RACE PARTICIPATION

_____ SHOW COMPETITION _____ SOCIAL EVENTS _____ NEWSLETTER

_____ OTHER _____

I HEARD OF CORVETTES OF BUFFALO FROM: _____

METTINGS ATTENDED

(1) 1. _____ 2. _____

(2) 1. _____ 2. _____

WROTE ARTICLE FOR NEWSLETTER _____ [PICTURE OF CAR OPTIONAL]

I/WE THE UNDERSIGNED, AGREE TO ABIDE BY THE RULES AND BYLAWS OF CORVETTES OF BUFFALO, INC.

(1) SIGNATURE _____ DATE _____

(2) SIGNATURE _____ DATE _____

THIS MEMBERSHIP APPLICATION EXPIRES IN EIGHT [8] MONTHS

**OPTIONAL

[revised 9/16/22]