



APPLICATION FOR MEMBERSHIP

Name: _____ Associate Member: _____

Date of Birth: _____ Date of Birth: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Email: _____ Email: _____

Address: _____ City: _____

_____ State: _____ Zip: _____

Your Corvette(s) (Year, Color, Body Style): _____

How did you hear about Bay Valley Corvette Club? _____

Have you or do you hold any type of office in other organizations? _____

If so, what organization(s)/office(s)? _____

Applicant Signature

Date

Type of Application: Single (\$15.00) Double (\$20.00)

The Membership Fee must accompany the application. Members must be 18 years of age and own a Corvette or in the process of acquiring a Corvette in any condition of restoration.

Bring the application to a monthly meeting held on the 2nd Monday of each month at 7:00 pm, or mail to the Bay Valley Corvette Club at P.O. Box 433, Bay City, Michigan 48706-0433.

The Annual Membership Fee is \$15.00 for a single membership, and an additional \$5.00 for an Associate Member. Membership fees are subject to change without notice.

Members are subject to the Bylaws of the Bay Valley Corvette Club and all laws in force in the Country and/or State/Province they are in when taking part in a Bay Valley Corvette Club event. Disregard for these Bylaws/Laws may result in loss of Membership in the Bay Valley Corvette Club.

Memberships and Associate Memberships accepted after October 1st shall be granted membership for the remainder of the calendar year and the following year.

For Club Use Only

AMOUNT RECEIVED: _____

DATE: _____