

Tacoma Corvette Club

Membership Application Form

Please complete this form and bring with you to the meeting.
Membership Dues of **\$95.00 per household** are payable when voted in.
By submitting your application and accepting membership to the club, it is understood that you will adhere to all membership requirements under the club constitution and bylaws.



P.O. Box 91
Auburn, WA 98071-0091

Date: _____

Name: _____

Birthday: _____
Month/Day

Spouse/Partner's

Name: _____

Birthday: _____
Month/Day

Address: _____

City: _____

State: _____ Zip Code: _____ E-mail: _____

Home Phone: _____ Spouse/Partner's
E-mail: _____

Your Cell Phone: _____ Other Cell Phone: _____

About Your Corvette:

Year: _____ Model: _____ Color: _____

Year: _____ Model: _____ Color: _____

Special Features or Modifications: _____

How did you find out about the Tacoma Corvette Club? _____

Other Club Affiliations: _____

What Corvette activities are you interested in?

_____ Car Shows

_____ Racing

_____ Body Repair/Detail

_____ Rallies

_____ Day Road Trips

_____ Tune Up/ Mechanical Help

_____ Auto Crossing

_____ Weekend Trips

_____ Other

_____ (Signature Required)

I certify that I have a valid Driver License and current Auto Insurance

Permission to Use Photographs

I grant to the Tacoma Corvette Club (hereafter known as TCC) and its representatives the right to take photographs of me and my property.

I authorize TCC to copyright, use and publish the same in print and/or electronically.

I agree that TCC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web Site content.

I have read and understand the above:

Signature _____ Signature _____

Printed Name _____ Printed Name _____

Date _____ Date _____