

REFLECTION -N- GLASS CORVETTE CLUB

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

BIRTHDAY: MM____/DD____/____/YR YR____

SHIRT SIZE: _____

SPOUSE NAME: _____

PHONE: _____ EMAIL: _____

BIRTHDAY: MM____/DD____/YR YR____

SHIRT SIZE: _____

CORVETTE YEAR: _____

GENERATION: _____

COLOR: _____



I am aware that I am required to pay yearly dues in the amount of \$150.00, no later than February 01 of every year, and if my dues are paid on or before December 31st of the preceding year my dues will be discounted \$10.00 to \$140.00.

Additionally, I understand that making required club meetings are essential, and I will make every effort to attend so that I can receive club updates and other information that cannot be transmitted via text.

SIGNATURE _____

DATE: _____