

NEW MEMBER APPLICATION FORM



High Desert Corvette Club
P.O. Box 6442
Bend, OR 97701

His Name: _____ Date: _____

Her Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____

His Cell# _____ Her Cell# _____

His E-Mail: _____

Her E-Mail: _____

His Birthday _____ Her Birthday _____

Anniversary Date _____

Year, Model & Color of Corvette: _____

Membership Dues (**PLEASE CIRCLE**): \$60 for a Couple, \$35 Single (per year dues).

New Members: Please prorate dues to March 31st & make checks payable to:

High Desert Corvette Club, P.O. Box 6442, Bend, OR 97708-6442

Membership Chairperson only: Date _____ Roster _____ Badge _____ Email list _____