

Name:		Spouse	Spouse:		
Address:		City: _		Zip:	
Cell Phone:		2 nd Ce	2 nd Cell:		
Email:		2 nd Em	2 nd Email:		
Home Phone:		Other:	Other:		
The followi	ing information is for ou	r newsletter	· (only availa	ble to members):	
Birthday: _		Spouse	Spouse B-Day:		
Wedding A	nniversary:	Join Da	Join Date:		
Corvette :	Information				
Year: Color:			Style:		
club (for tw Attendance	lley Vettes Membership wo people), Participation e at the annual Christma ion) plus socializing all y	n in any club as Party (all	events (sch	edule online) and	
	2018 Fee is \$100 (Must be pa	id by March	1 1 st).	
Club and its	this, I attest that I will hol s members from any claim personal injury as a result	s or damage	s including ph	ysical damages to	
Signature:					
Amount Er	nclosed: \$	Send to:	Yakima Val P.O. Box 2		
	THANK YOU!		Yakima, WA 98907		