



Membership Application

Liberty Region Corvette Club

PO Box 1257, Levittown, PA 19058

Name _____ Birth Date _____
 (Last) (First) (MI) (Month/Day)

Spouse/Significant Other _____ Birth Date _____
 (Last) (First) (MI) (Month/Day)

Address _____ Anniversary _____
 (If applicable) (Month/Day)

Contact Information Home: _____ Other: _____

Check the box if you want this information distributed to the Membership

Cell 1: _____ Cell 2: _____

Email 1: _____ Email 2: _____

Current Corvette(s):		Anniversary, Special Addition, GS, Z06, Stock, Custom, Modified, Race	State/Lic. Plate
Year	Color		
_____	_____	Coupe – Vert – Hardtop _____	_____
_____	_____	Coupe – Vert – Hardtop _____	_____
_____	_____	Coupe – Vert – Hardtop _____	_____

NCM Member # _____ Referred by _____
LRCC member (name), web site, social media

Other Car Club Affiliations? (List all) _____

Applicant Signature _____

Co-Applicant Signature _____

Membership Type: Annual Membership – January 1 thru December 31 (New includes a \$10 per person one-time fee)

New: Single \$50. Joint \$80.

Renewal: Single \$40. Joint \$60.

Official Use Only
 Date Accepted _____ Amount Paid _____