

Simi Valley Corvettes Club (SVC) Membership Application

Date: _____

Applicant's Name: _____ DOB _____
Last First Mo & Day only

Co-Applicant Name: _____ DOB _____
Last First Mo & Day only

Address: _____ Zip _____

Home Phone () _____ Wedding Anniversary _____
Mo & Day only

Applicant's Cell () _____ Co-Applicant's Cell () _____

Applicant's email (print clearly): _____

Co-Applicant's email _____

Corvette Information

Year: _____ Body Style: _____ Color: _____ Lic Plate: _____

Year: _____ Body Style: _____ Color: _____ Lic Plate: _____

How did you hear about our SVC club?

Events you prefer: _____

By signing this application, I hold Simi Valley Corvettes free and harmless of any and all liabilities while attending or competing in any SVC club functions.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

SVC Vice President's Signature: _____ Date: _____

SVC VP Check off list:

By Laws emailed _____
Club Packet given _____
Membership Roster emailed _____
Membership files emailed _____

SVC Business Cards given _____
Name Tag ordered (Harris) _____
T-Shirt given (contact Gary) _____
E-Board notified new member(s) _____