

**APPLICATION FOR MEMBERSHIP  
CHAUTAUQUA COUNTY CORVETTE CLUB**

**Post Office Box 187  
Bemus Point, New York 14712**

To ensure proper record keeping, this form is required to be completed for all new memberships. Please return the completed form with your dues and additional funds, if needed, to the next meeting, or mail to:

*Chautauqua County Corvette Club  
Membership Committee  
PO Box 187  
Bemus Point, NY 14712*

Dues are \$30.00 per year starting in January. ½ Year membership is \$20.00 and starts in July. One name tag is included with paid membership for new members only. Extra name tags are only \$5.00 each.

Our club meets the **Second Thursday of each month** at the War Vets Rec. Center on Fluvanna Avenue Ext., Jamestown, NY, at 7:30 PM.

Name (s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Members birthday: Mo \_\_\_\_\_ Day \_\_\_\_\_ Spouse birthday: Mo \_\_\_\_\_ Day \_\_\_\_\_

Wedding Anniversary: Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Telephone: \_\_\_\_\_ E Mail: \_\_\_\_\_

FAX: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Corvette Car Info: \_\_\_\_\_

Name on Tags: 1 \_\_\_\_\_ 2 \_\_\_\_\_

How did you hear of the Corvette Club? \_\_\_\_\_

I would like to have the Club Newsletter sent to me by e-mail:      Yes      No

Which events do you enjoy participating in? \_\_\_\_\_

I have insurance on my Corvette, and release the Chautauqua County Corvette Club, Inc., its Officers and Directors, and activity planners from any liability for injury or loss incurred by myself or others included in this membership, while participating in any CCCC, Inc. sponsored activity.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_