



Corvette Club of Manitoba Membership Application

www.corvettemanitoba.com

NEW APPLICATION

RENEWAL APPLICATION

DATE: _____

MEMBER

ENTHUSIAST

LIFETIME

NAME: _____
SURNAME GIVEN NAMES

MAILING ADDRESS: _____
STREET CITY

_____ PROVINCE POSTAL CODE

SPOUSE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

OCCUPATION: _____ EMAIL: _____

CO-MEMBER NAME: _____

HOME PHONE: _____ BUSINESS PHONE: _____

OCCUPATION: _____ EMAIL: _____

ADDITIONAL CO-MEMBERS: _____

YEAR OF CORVETTE: _____ MODEL: _____ COLOUR: _____

ENGINE: _____ LICENCE NUMBER: _____ SERIAL NUMBER: _____

FEATURES: _____

ADDITIONAL CORVETTES: _____

GENERAL MEETINGS ARE HELD ON THE LAST TUESDAY OF EACH MONTH

UPON MY APPLICATION BEING ACCEPTED BY THE MEMBERSHIP COMMITTEE OF THE CORVETTE CLUB OF MANITOBA, INCORPORATED, I, THE UNDERSIGNED, DO HEREBY AGREE TO ABIDE BY THE BY-LAWS OF THE SAID CORPORATION.

SIGNATURE: _____ SPONSORED BY: _____

ANNUAL MEMBERSHIP FEES:	ONE YEAR	¾ YEAR	½ YEAR	¼ YEAR
	JAN-DEC	APR-DEC	JUL-DEC	OCT-DEC
NEW MEMBER	\$45.00	\$35.00	\$25.00	\$15.00
CO-MEMBER	\$15.00	\$11.25	\$7.50	\$3.75
RENEWAL	\$40.00 (DUE BY JANUARY ANNUAL MEETING)			

THIS APPLICATION, ALONG WITH REQUIRED FEES, SHALL BE RETURNED TO:
CORVETTE CLUB OF MANITOBA, INC.
PO BOX 42032 RPO FERRY ROAD WINNIPEG MB. R3J 3X7

OFFICE USE ONLY

FEE RECEIVED: CASH CHEQUE AMOUNT: _____ DATE: _____

DATE APPROVED BY: GENERAL MEMBERSHIP: _____ EXECUTIVE: _____

DATE DECAL ISSUED: _____ DATE CREST ISSUED: _____

SIGNED: _____ CORVETTE PHOTO RECEIVED YES NO