



WR-523

Membership Application 2020

Primary Member Name: _____

Home phone: _____ Cell phone: _____ Email: _____

Spouse/Companion Name: _____

Cell phone: _____ Email: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip: _____

Corvette(s)

Year	Model	Color	Coupe or convertible
------	-------	-------	----------------------

_____	_____	_____	_____
_____	_____	_____	_____

New member dues: Single - \$55 Couple - \$65

Applicant Signature(s): _____ Date: _____

_____ Date: _____

MAKE CHECKS PAYABLE TO ARCHWAY CORVETTE CLUB AND RETURN TO:

Archway Corvette Club, c/o Nancy Jader
PO Box 296, Gibbon, NE 68840-0296

Thanks!! We are looking forward to seeing you at the next meeting or club activity. Regular meetings are the second Tuesday of the month, notice will be provided via e-mail or check our website at: www.archwaycorvetteclub.com
Email: archwaycorvetteclub@gmail.com