



MEMBERSHIP APPLICATION

ANNUAL DUES PER MEMBER:
\$50.00/Primary Member and \$10.00/Spouse

MAKE CHECK PAYABLE TO THE **FALLS CITY CORVETTE CLUB**
MAIL TO: P.O. BOX 21727, LOUISVILLE, KY 40221

Please download the application-complete and mail to the mailbox.

MEMBERSHIP TYPE: SINGLE COUPLE

NAME: _____

BIRTH DATE: (MONTH) _____ (DAY) _____

EMAIL: _____

MOBILE: () _____ HOME: () _____

SPOUSE'S NAME: _____

BIRTH DATE: (MONTH) _____ (DAY) _____

EMAIL **MUST BE PROVIDED TO RECEIVE NEWSLETTER:** _____

MOBILE: () _____

WEDDING ANNIVERSARY: (MONTH) _____ (DAY) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CORVETTE INFORMATION: *Please include a picture of your vette with the application.*

YEAR: _____ COUPE: OR CONVERTIBLE: COLOR: _____

HOW DID YOU LEARN OF FCCC: _____

PLEASE READ AND SIGN: FCCC DUES SHALL BE \$50.00 ANNUALLY PER MEMBER. Spouses will be \$10.00. DUES ARE TO BE PAID BY JANUARY 31ST OF EACH YEAR. Dues paid between 2/1-2/28 will include an additional \$10 late fee which will allow members to retain the years accumulated toward lifetime membership. Members who have not paid by 3/1 will be dropped and forfeit any years toward lifetime membership.

SIGNATURE OF PRIMARY MEMBER DATE

SIGNATURE OF SPOUSE MEMBER DATE

SIGNATURE OF FCCC OFFICER DATE