

MEMBERSHIP APPLICATION

Name (as desired on MACC Name Tag)		Spouse	(as desired on MACC Name Tag)	
Street Address	City	State	Zip	
Home Phone		Cell/Spouse Ce	Work/Spouse Work	
Email address:				
Referred by			How Did You Lear	n of Our Club
Employer of Member		Occupation		
Employer of Spouse		Occupation		
Birthday of Member	Bi	Birthday of Spouse Anniver		Anniversary
CORVETTE(S) OWNED:	YEAR YEAR	BODY STYLE_ BODY STYLE	COLOR _ COLOR _	
CORVETTE RELATED INTERESTS: Shows		Restoration	Modification	

National Corvette Museum Member: No Yes Membership Number:				
NCRS Member No Yes Member	rship Number:			
I/We hereby make application for members By-Laws and Code of Conduct as found on o	hip to the Mid-Alabama Corvette Club and agree to abide by its ur website.			
SIGNATURE:	DATE:			
 ANNUAL DUES: Married/Family - \$5 Single Person Membership - \$25.00 Out of State Social Membership (Membership) 				
PLEASE SUBMIT THIS FORM WITH PAYMEN	T TO: MID ALABMA CORVETTE CLUB			
	C/O Kim Rauccio			
	2632 Tahiti Terrace			
Alal	baster, AL 35007			
All applications are subject to approval by I	MACC Board of Directors.			
APPROVED:	DATE:			

Kim Rauccio&Jane Mantooth <u>Midalabamacorvetteclub@gmail.com</u> Membership Chair



 $\hbox{VISIT US ONLINE AT } \underline{www.midalcorvette.com}$