



Sun Country Corvette Club (Membership Form)

First Visit Date _____

Name _____

Spouse / Significant Other _____

Address _____

City _____ Zip Code _____

Home Phone (_____) - _____

Cell 1 (_____) - _____ Cell 2 (_____) - _____

Email 1: _____

Email 2 _____

Birthday(s)

Name _____ Month _____ Day _____

Name _____ Month _____ Day _____

Who Referred You? _____

Year Of Corvette _____ Color _____ Type _____

Year Of Corvette _____ Color _____ Type _____

Year Of Corvette _____ Color _____ Type _____