

QLD CORVETTE CLUB MEMBERSHIP APPLICATION

Membership #	PLEASE PRINT CLEARLY
Surname	Partners Surname
Given Name/s	Given Name/s

YEAR OF BIRTH OPTIONAL	
Day/Month of Birth / /	Day/Month of Birth / /

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Phone Home	Bus. /Mobile
Fax	Email

Please supply current vehicle details, also a photo of you and your Vette would be appreciated for the Club Register.

Vehicle Details			
YEAR	ENGINE CAPACITY	BODY STYLE	REGO NO.
TRANSMISSION	OPTIONS	COLOUR	INTERIOR

OTHER DETAILS OR INFORMATION:

If you have more vehicles please include on a separate sheet.

Membership fees pro-rata quarterly to 30th June, payments by cheque or money order

FEES (PRO-RATA) ** 9 Months \$60.00 6 Months \$40.00 3 Months \$20.00
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Post to: Queensland Corvette Club Inc.
Membership Services
PO Box 1094
SUNNYBANK HILLS QLD 4109

Please tick if Receipt needed <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> </div>
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