

# QLD CORVETTE CLUB MEMBERSHIP APPLICATION

Membership # _____ Date Joined: _____	<b>PLEASE PRINT CLEARLY</b>
Surname _____	Partners Surname _____
Given Name/s _____	Given Name/s _____

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

Residential Address: _____	
	Post Code _____

Postal Address: _____	
	Post Code _____

Phone Home: _____	Bus / Mobile: _____
Fax: _____	email: _____

**Please supply current vehicle details, also a photo of you and your Vette would be appreciated to update our membership files & Club Register.**

### Vehicle Details

YEAR:	ENGINE CAPACITY:	BODY STYLE:	REGO NO:
TRANSMISSION:	OPTIONS:	COLOUR:	INTERIOR:

OTHER RELEVANT DETAILS OR INFORMATION:

**If you have more VETTES please include on a separate sheet.**

**Membership fees pro-rata quarterly to 30<sup>th</sup> June, Post payments by cheque or money order only.**

<b>FEES (PRO-RATA)</b> July – Sept. \$75.00 Oct. – Dec. \$60.00 Jan – Mar \$40.00 Apr – Jun \$20.00
---

**Post to: Queensland Corvette Club Inc.**  
**Membership Services**  
**PO Box 1094**  
**SUNNYBANK HILLS QLD 4109**

**Please tick if**  
**Tax Receipt**  
**required**