

## **Lancaster County Corvette Club Application for Membership**

P.O. Box 4622 Lancaster, PA 17604

(This certifies I am at least 18 years of age)

Primary Member <i>Please PRINT NAME CLEARLY</i> (First, Last)		Male/Female	Date of Birth (MM/DD)
Street Address / P.O. Box			
City, State, Zip Code			
Spouse / Companion Member	r Please PRINT NAME CLEARLY (First, Last)	Male/Female	Date of Birth (MM/DD)
(A Youth Member is defined a ages of 16-21, or between the	r NAME CLEARLY (First, Last) s the child of any primary or secondary member, whe ages of 16-25 and who is a full time student, whose same as the primary member.)		Date of Birth (MM/DD/YY)
Home Phone	Cell Phone	E-Mail Address (Required for newsletter and club communication	
Corvette Year(s)	Coupe/Convertible/Fixed Roof	Previous NCCC Number / Which Club?	
How did you learn o	of LCCC?	-	
<u> </u>	Membership (Dues amount includes membersl		<u> </u>
☐ Single Member	(\$60 yearly dues + \$15 one time ap	•	
_	use/Companion (\$72.50 yearly due	•	
☐ Each Youth Me	mber	>	(\$10.00 = \$
TOTAL			· · · · · · · · · · · · · · · · · · ·
Mail or present (at a r	ded a monthly LCCC meeting before your meeting) this completed LCCC application cation - being sure that signature(s) are or	for Membership and the	Make check payable to: LCCC PO Box 4622 Lancaster, PA 17604
Primary Signature	 Date	Spouse/Companion Signat	ture Date

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