

CENTRAL COAST CORVETTE CLUB

P.O. BOX 6313 SANTA MARIA, CA 93456

MEMBERSHIP APPLICATION

Applicant Information			
Appicant's Name:			
		Birthdate	
		Zip:	
		Spouse's Cell:	
Appicant's Email:	Spo	ouse's Email:	
Corvette Information			
Vette #1: Year	Model:	Color:	
License Plate #	State		
Vette #2: Year	Model:	Color:	
Liocense Plate #	State		
Insurance Company:	Pc	olicy #:	
Signature:		Date:	
	ub is a private non-profit organi usiasts. All club and prospective	·	
•	cipating vehicles. Club liability in	•	
Markel Insurance Compar	ny of Omaha Nebraska.		
monthly meeting in Ocoto		rated). Annual dues payable at the regular name badge and materials.	
TOTAL: \$50.00			
Events/Meetings Attende	d		
1			
2			
3			

Please bring completed Membership Application to a meeting or mail to: Central Coast Corvette Club, P.O. Box 6313, Santa Maria, CA 93456