

Caprock Corvette Club

P.O. BOX 886

WOLFFORTH TEXAS 79382

(Print out this form and mail in with your check)

MEMBERSHIP APPLICATION

NAME : _____ DOB : _____

SPOUSE : _____ DOB : _____

HOME ADDRESS : _____

CITY : _____ STATE : _____ ZIP : _____

HOME PHONE : _____ CELL PHONE : _____

E-MAIL ADDRESS : _____

May We Publish Your Phone Number & Photos On Our Website? YES _____ NO _____

CORVETTE # 1

YEAR : _____ MODEL : _____ INSURANCE CARRIER : _____
ENGINE : _____ COLOR : _____

CORVETTE # 2

YEAR : _____ MODEL : _____ INSURANCE CARRIER : _____
ENGINE : _____ COLOR : _____

MEMBERSHIP DUES : ALL MEMBERSHIP DUES ARE BASED ON A CALENDAR YEAR.
ALL DUES ARE PAYABLE ON 1 JANUARY OF EACH YEAR.
DUES ARE PRORATED FOR NEW MEMBERS ONLY.

ANNUAL RATES : SINGLE PERSON : \$35.00 _____ SPOUSE : \$ 15.00 ____

I hereby release Caprock Corvette Club, their officers, official board,
membership and all representatives from any and all liabilities and claims
occasioned by, or, resulting during any period of membership.
Proof of Automotive Insurance coverage is required for membership.
I hereby state that the automotive insurance coverage on my Corvette(s)
listed above is both current and correct.

NAME : _____ DATE : _____
(Signature)

SPOUSE : _____ DATE : _____
(Signature)

(Revised : 5 Jan. 2015)