

**RIVER CITY CORVETTES CLUB
MEMBERSHIP INFORMATION**

Date: _____

Primary Member's Name: _____ Birthday: Month_____, Day_____

Secondary Member's Name: _____ Birthday: Month_____, Day_____

Email Address: _____

Address: _____ Telephone: _____

City: _____ State & Zip: _____

Corvette: Year: _____ Model: _____ Color: _____
Engine: _____

Corvette: Year: _____ Model: _____ Color: _____
Engine: _____

Favorite Corvette Interests:

Auto Cross: _____ Parades: _____ Social: _____
Rallies: _____ Car Shows: _____

Other Hobbies/Interests:

Golf: _____ Bowling: _____ Skiing: _____
Boating: _____ Other: _____

Comments/Suggestions:

Single: _____

Family: _____

How did you find out about our club? Website:____, Member:____, Dealership:____,
Friend:____, Other:_____

Mail dues to *River City Corvettes, Inc.*

P.O. Box 2361

LaCrosse, WI 54602-2361