

MEMBERSHIP APPLICATION

MAJESTIC GLASS CORVETTE CLUB

2230 W Parkway Dr.
Mount Vernon, WA. 98274
www.majesticglass.org

LAST NAME:

FIRST NAME:

SPOUSE NAME:

ADDRESS:

CITY/STATE:

ZIP CODE:

HOME PHONE:

WORK PHONE:

CELL PHONE:

BIRTHDAY MEMBER: (MONTH/DAY/YEAR)

BIRTHDAY SPOUSE: (MONTH/DAY/YEAR)

ANNIVERSARY:

E-MAIL ADDRESS:

CORVETTE INFORMATION: YEAR: MODEL: COLOR:

SPECIAL INTERESTS:

REMARKS: How did you hear about our club?

No information on this form is shared with any other entity!!

Applicant agrees not to hold Majestic Glass Corvette Club responsible for any damage associated with club sanctioned events.

DUES PAID THRU:

RECOMMENDED FOR MEMBERSHIP BY:

SIGNATURE:

DATE:

DUES ARE \$30.00 PER YEAR (JUNE 1ST THROUGH MAY 31ST) OR PRORATED AT \$2.50 PER MONTH FOR NEW MEMBERS WHO JOIN DURING THE CLUB YEAR.

Updated 01/07/2020 Bill Amman