



Membership Application

New Member Renewal / Update

TELL US ABOUT - YOU: (please print)

Your Name _____

Street Address _____

City _____ Zip _____

Phone: Home _____ Cell _____

Email Address _____

Spouse (or Significant Other) Name _____ Anniversary _____

Your Birthday (MM/DD) ____/____ S.O Birthday ____/____

YOUR CURRENT CORVETTE(S): Is this your first Corvette? Yes No

Year _____ Color _____ Model _____

Year _____ Color _____ Model _____

Briefly Tell Us:

a) How you heard about us? _____

b) Why would you like to join the SCV Corvette Club?

Which types of Club activities most interest you? (check all that apply)

- Day Runs Overnight Trips Weekend trips (2 nights+)
 Meet and Eat Car Shows Performance/Track Days
 Other

I wish to be considered for membership in the SCV Corvette Club.

Signature: _____ Date: _____

Print Name _____

PRIVACY DISCLOSURE:

The SCVCC is sensitive to its members' privacy concerns. While our corporate by-laws require that, with appropriate notice, every member has the right to examine the membership roster, we want to give each member the choice of what personal information they want make available to share with fellow members.

Please answer the following privacy Questions

Please read the options below and circle the information that you agree to have shared, in addition to your name, on the official Club Roster:

1. EVERYTHING provided on this Application; **OR**
2. Home address
3. Home telephone number
4. Cell phone number
5. E-mail address
6. Spouse or Significant Other's name
7. Birthdate (for newsletter announcements)

Signature _____ Date _____

Please note: You may revise your choices *at any time* by advising the Membership Chairman in writing.

PLEASE DELIVER THIS APPLICATION TO THE MEMBERSHIP COORDINATOR
AT A MEETING, OR EVENT, OR MAIL TO:

Santa Clarita Valley Corvette Club
P.O. Box 800943
Santa Clarita, CA 91380-0943