

APPLICATION FOR MEMBERSHIP

Name:	_Associate Member:
Date of Birth:	Date of Birth:
Work Phone:	Work Phone:
Home Phone:	Home Phone:
Email:	
Address:	
	Chata: 7in.
Your Corvette(s) (Year, Color, Body Style):	
How did you hear about Bay Valley Corvette Club?	
Have you or do you hold any type of office in other organizations?	
If so, what organization(s)/office(s)?	
Applicant Signature	Date
Type of Application: ☐Single (\$20.00) ☐Double (\$25.00)	
The Membership Fee must accompany the application. Members must be 18 years of age and own a Corvette or in the process of acquiring a Corvette in any condition of restoration.	
Bring the application to a monthly meeting held on the 2 nd Monday of each month at 7:00 pm, or mail to the Bay Valley Corvette Club at P.O. Box 433, Bay City, Michigan 48707-0433.	
The Annual Membership Fee is \$20.00 for a single membership, and an additional \$5.00 for an Associate Member. Membership fees are subject to change without notice.	
Members are subject to the Bylaws of the Bay Valley Corvette Club and all laws in force in the Country and/or State/Province they are in when taking part in a Bay Valley Corvette Club event. Disregard for these Bylaws/Laws may result in loss of Membership in the Bay Valley Corvette Club.	
Memberships and Associate Memberships accepted after October 1 st shall be granted membership for the remainder of the calendar year and the following year.	
For Club Use Only	
AMOUNT RECEIVED:	DATE: