



MEMBERSHIP APPLICATION

Name _____ Spouse _____

Address _____ City/ST/ZIP _____

Phones (home) _____ (work) _____ (mobile) _____

Email (please print clearly) _____

Occupation _____

Hobbies / Interests _____

How did you hear about us _____

Tell us about your Corvette(s). Please include year, color, body style.

Year _____ Color _____ Body Style _____

What type of club activities are you most interested in? _____

Signature _____ Date _____

Annual dues are payable by Dec 1:

Central Oklahoma Corvette Club, PO Box 721290, Oklahoma City, OK 73172

____ \$40 per household

Meetings are held the 3rd Tuesday of each month at 7:15 PM at the Will Rogers Garden Center, 3400 NW 36th St, Oklahoma City, OK 73112

www.coccvettes.com

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