

# QLD CORVETTE CLUB MEMBERSHIP APPLICATION

Membership #	Date Joined:	<b>PLEASE PRINT CLEARLY</b>	
Surname		Partners Surname	
Given Name/s		Given Name/s	

<b>YEAR OF BIRTH OPTIONAL</b>	
Day/Month of Birth / /	Day/Month of Birth / /

Residential Address:	
	Post Code

Postal Address:	
	Post Code

Phone Home:	Mobile:
Fax:	Email:

**Please supply current vehicle details, also a photo of you and your Vette would be appreciated to update our membership files & Club Register.**

## Vehicle Details

YEAR:	ENGINE CAPACITY:	BODY STYLE:	REGO NO:
TRANSMISSION:	OPTIONS:	COLOUR:	INTERIOR:

OTHER RELEVANT DETAILS OR INFORMATION:

**If you have more VETTES please include on a separate sheet.**

**Membership fees pro-rata quarterly to 30<sup>th</sup> June, Post payments by cheque or money order only.**

**FEES (PRO-RATA)**  
Jul – Sep \$80.00  
Oct – Dec \$60.00  
Jan – Mar \$40.00  
Apr – Jun \$20.00

**Post to: Queensland Corvette Club Inc.  
Membership Services  
PO Box 1094  
SUNNYBANK HILLS QLD 4109**

**Please tick if  
Tax Receipt  
required**