



## MEMBERSHIP APPLICATION

NAME OF YOUR SPONSOR: \_\_\_\_\_

SIGNATURE OF YOUR SPONSOR: \_\_\_\_\_

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

MEMBER DOB: \_\_\_\_\_ SPOUSE DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### **CORVETTE INFORMATION:**

YEAR: \_\_\_\_\_ BODY STYLE: \_\_\_\_\_ COLOR: \_\_\_\_\_

YEAR: \_\_\_\_\_ BODY STYLE \_\_\_\_\_ COLOR: \_\_\_\_\_

YEAR: \_\_\_\_\_ BODY STYLE: \_\_\_\_\_ COLOR: \_\_\_\_\_

**EASTERN SHORE CORVETTE CLUB  
P.O. BOX 3844  
SALISBURY, MD 21802**

DATE OF PAYMENT: \_\_\_\_\_

Please use the back of this page for any additional information (extra phone numbers, e-mails, addresses, mailing addresses, vehicle information, etc.)