



MEMBERSHIP APPLICATION

A club for the owners of the only true American made sports car

Date: ____/____/____

Name: _____ Birthday: ____/____ (month/day)

Spouse Name: _____ Birthday: ____/____ (month/day)

Anniversary: ____/____ (month/day)

Address: _____ City: _____ Zip: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Corvette(s) Owned

Year _____ Model _____ Color _____

Year _____ Model _____ Color _____

As a member of the Touch of Class Corvette Club, I would be interested in:

___ Social Activities

___ Car Shows

___ Driving Events

___ Officer Position

___ Committees

___ Weekend Trips

Prior to being voted into the Touch of Class Corvette Club, applicants must attend one membership meeting and one activity.

I agree to abide to the Bylaws and Rules governing the Touch of Class Corvette Club.

Applicant signature: _____ Spouse's signature: _____

Sponsor: _____

(Optional) On reverse of this page, please give a little personal history, places lived, occupation, cars owned, hobbies etc. Thank you.

Touch of Class Corvette Club

P.O. Box 632

Inverness, FL 34451

(For TOCC use): Meeting Attended: _____

Activity Attended: _____

Dues paid: _____

