

CORVETTE CLUB SANTA BARBARA

APPLICATION FOR MEMBERSHIP

Our website - <http://www.corvetteclubsantabarbara.com>

Attn. Membership Chairman
P.O. Box 40340
Santa Barbara, CA 93140
E-Mail: membership@corvetteclubsantabarbara.com

Date: _____

Applicant's Name: _____

Applicant's Name: _____

Home Address: _____
include zip code

Mailing Address: _____
include zip code

Home Telephone: (____) _____ Work: (____) _____

Cell Telephone (For use only on CCSB Runs): (____) _____

E-Mail Address: _____

Corvette Year: _____ Body Style: _____ License # : _____ Color _____

Corvette Year: _____ Body Style: _____ License # : _____ Color _____

Referred by: _____
(Club member, interest card, web site, etc.)

Applicant(s) Signature(s): _____

2017 – 2018 Membership Fees: Based on month you join

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Dues*	\$72	\$66	\$60	\$54	\$48	\$42	\$36	\$30	\$24	\$18	\$12	\$ 6
Initiation**	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Total	\$92	\$86	\$80	\$74	\$68	\$62	\$56	\$50	\$44	\$38	\$32	\$26

* Membership Dues includes general liability insurance coverage for club.

**Initiation Fee and Name Tag(s) one time only \$20

Membership Check List:

Completed application _____ Membership Fees _____ Hold Harmless _____
Proof of Insurance _____ Club Event Survey _____ Member Roster _____