



Membership Application Form

Date: ___/___/___

Name _____

Spouse's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____ - _____

Home Phone (_____) _____ - _____

Email _____

Corvette Year _____ Color _____

Description _____

Corvette Year _____ Color _____

Description _____

Corvette Year _____ Color _____

Description _____

To apply for membership please submit an email to WCCCIA@outlook.com with a copy of this membership form. **Save this form by going to File--> Save.**

A mailing address will be provided to submit dues when your application is received.

See you for monthly meetings the third Monday every month
at Sports Page Grill in Indianola 6:30PM
Come early and have dinner with us.

Visit our website: www.warrencountycorvetteclub.com



C1: '53-'62



C2: '63-'67



C3: '68-'82



C4: '84-'96



C5: '97-'04



C6: '05-'13



C7: '14-'19



C8: 2020 -