



MEMBERSHIP APPLICATION

Last Name:		First Name:	
Spouse Last Name:		Spouse First Name:	
Address:			
City		State	ZIP
Home Phone			
Work Phone (His)		Cell Phone (His)	
Work Phone (Hers)		Cell Phone (Hers)	
Email (His)		Email (Hers)	
Birthday (His)		Birthday (Hers)	
Corvette(s) (year, color, model, etc.):			
Would you like to receive the newsletter via email? ___ Yes ___ No			
Highspeed internet connection suggested – some months have lots of pictures.			

Mail application to:

Central Arkansas Corvette Club
P.O. Box 21206
Little Rock, AR 72221-1206
501-851-8550
Website: www.centralarkcc.com

Membership dues:

Couple \$50.00*

Single \$25.00*

*dues are prorated quarters of the year.

David Payne, Treasurer 501-821-3979

Please make check payable to the Central Arkansas Corvette Club.

WELCOME TO THE CLUB