

# Membership Application

Personal Info: (Note - All information provided is for Executive use only.)

Applicant(s): \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: Resident: \_\_\_\_\_ Business: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please complete the following section in full:

Car: Year: \_\_\_\_\_ Model: \_\_\_\_\_ Engine size: \_\_\_\_\_

License No.: \_\_\_\_\_ Color: \_\_\_\_\_

Number of years as a member of WBCC: \_\_\_\_\_

Insurance Info:

Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Paid: \_\_\_\_\_

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Fees: \$60 Per Year

Please make cheques payable to: Wasaga Beach Corvette Club

Mail to: Wasaga Beach Corvette Club

Box 305

Wasaga Beach, Ontario L9Z 1A4

1 866 VET CLUB

