



SANTA CLARA CORVETTES  
P.O. BOX 2634  
SANTA CLARA, CA 95055-2634

### NEW MEMBERSHIP APPLICATION

Membership Type (check one)

Individual

Family

#### Applicant Information

Member's Name:

\_\_\_\_\_  
*Last*                                      *First*                                      *M.I.*                                      *Birthday (MM/DD)*

Home Phone:

Cell Phone:

Email:

#### Spouse - Significant Other - Family Information

Spouse Significant

\_\_\_\_\_  
*Last*                                      *First*                                      *M.I.*                                      *Birthday (MM/DD)*

Home Phone:

Cell Phone:

Email:

Dependent Member:

\_\_\_\_\_  
*Last*                                      *First*                                      *M.I.*                                      *Age*

Address

City

State

Zip

#### Car Information

Coupe

Convertible

\_\_\_\_\_  
*Year*                                      *Color*                                      *Model*                                      *Plate*

Coupe

Convertible

\_\_\_\_\_  
*Year*                                      *Color*                                      *Model*                                      *Plate*

Please mark your interest:    **Car Show**     **Auto X**     **Social**     **Track Days**

**EMERGENCY CONTACT INFORMATION:** (Do not list a person that may be traveling with you)

\_\_\_\_\_  
*Name*                                      *Best Contact Phone #*                                      *Relationship*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: SCC fees **INCLUDE WSCC** membership fees. See membership fees table P.O.BOX. Any questions, please contact our Membership Director.