

P.O. Box 4622 Lancaster, PA 17604

## Lancaster County Corvette Club Application for Membership

Primary Member Please PRINT NAME CLEARLY (First, Last)		Male/Female	Date of Birth (MM/DD)
Street Address / P.O. Box			
City, State, Zip Code			
Spouse / Companion Member <i>Please PRINT NAME CLEARLY</i> (First, Last)		Male/Female	Date of Birth (MM/DD)
Youth Member <b><i>Please PRINT N</i></b> (A Youth Member is defined as 1 ages of 16-21, or between the a (not school residence) is the same	he child of any primary or secondary member, w ges of 16-25 and who is a full time student, who	Male/Female ho is between the se principal place of residence	Date of Birth (MM/DD/YY)
Home Phone	Cell Phone	E-Mail Address (Required	for newsletter and club communication,
Corvette Year(s)	Coupe/Convertible/Fixed Roof	Previous NCCC Number / N	Which Club?
	What are your primary inter	rests in joining LCCC	C?
🗅 Autocross 🕒 Co	ncourse (Car Shows)	□ Drag Racing □ S	ocial Events
Other interests or hol	bbies you may have?		
How did you learn of	LCCC?		
	Monthly meetings are held the secon n at the East Petersburg Fire Compan	•	
	Membershi (Dues amount includes members)	•	CC)
🛛 🗆 Sinale Member (3	\$60 yearly dues + \$15 one time ap	•	
	se/Companion (\$72.50 yearly due		
-	ber		X \$10.00 = \$
			_ Λ ψ10.00 – ψ
_		complication can be accord	tod Make about revehic to:
Mail or present (at a me	d a monthly LCCC meeting before your eeting) this completed LCCC applicatio tion - being sure that signature(s) are c	n for Membership and the	ted. Make check payable to: LCCC PO Box 4622 Lancaster, PA 17604