



River Cities Corvette Club Membership Application

P.O. Box 52116
Shreveport, LA 71135-2116
www.rivercitiescorvette.org

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____

Birthdate Month/Day _____

Spouse Name _____

Cell _____

Email _____

Birthdate Month/Day _____

Corvette Year _____ Color _____ Coupe _____ or Convertible _____

Corvette Year _____ Color _____ Coupe _____ or Convertible _____

Corvette Year _____ Color _____ Coupe _____ or Convertible _____

Unless noted below, I hereby authorize the club to use club activity photographs that may bear my image on our web site and also these photos may be placed in the clubs newsletter. _____

Signature _____ Date _____

Member # _____

Spouse Member # _____

Amount Paid _____

Annual Dues \$25 per person or \$40 per couple