CORVETTE CRUISERS OF ATLANTA, INC
MEMBERSHIP APPLICATION

Name _____Spouse/Companion_____

Name desired on CCA name tag _____ Spouse/Companion _____

_____
Street Address City State ZIP

1st Member _____ _____ _____
Home Phone Mobile Phone E-mail Address

Spouse/Companion _____ _____ _____
Home Phone Mobile Phone E-mail Address

_____ _____
Employed by and occupation Spouse/Companion employed by and occupation

_____ _____
Month/day of Birth Spouse/Companion Month/day of Birth

CORVETTE(S) OWNED YEAR_____ BODY STYLE _____ COLOR _____

YEAR_____ BODY STYLE _____ COLOR _____

YEAR _____ BODY STYLE _____ COLOR_____

CORVETTE RELATED INTERESTS: Shows _____ Restoration _____ Modification _____ Speed Events _____
(Please check all that apply) Day Cruises _____ Week-End Trips _____ Other _____

National Corvette Museum Member: No_____ Yes _____ Membership Number _____
NCRS Member: No _____ Yes _____ Membership Number _____

I/we hereby attest that the information is true to the best of my knowledge and do make application for membership to Corvette Cruisers of Atlanta, Inc. and agree to abide by its By-Laws and Mission Statement. (Copy provided in New Member Packet.)

SIGNATURE: _____ DATE _____

DUES:	INDIVIDUAL	COUPLE
	NCCC $35 first year and $25 renewal	NCCC $45 first year and $35 renewal
	CCA $20	CCA $20
	TOTAL $55	TOTAL $65.00

Please make check payable to Corvette Cruisers of Atlanta, Inc and mail to: Corvette Cruisers of Atlanta
P O Box 55
Snellville, Georgia 30078

All applicants are subject to approval by CCA Board of Directors:

Approved: _____ Date:_____