CALIFORNIA ORGANIZED REDDING VETTE SET C.O.R.VETTE SET

DATE:	 				
Application is hereby subn VETTE SET. It is understo defined in the current C.O.	ood that all men	nbership requi			
APPLICANT INFORMATION	<u>NC</u>				
Name:		Birthda	y: Month	Day_	
Spouse/Other:		Birthday	Birthday: Month Day		
Address:					
Stree	et	(City	State	Zip
Anniversary (if applicable)	: Month	Day		Year	
Home Phone:() Work Phone:() Cell Phone:() Do you want your phone number(s) published on the Membership Roster? Yes: No:					
E-Mail Address:	self				
E-Mail Address:					
Optional Information:	C	eccupation/Busine	ess		
CORVETTE INFORMATION	<u>NC</u>				
Model: Coupe: Roa	adster:`	Year:	Color:_		
Special Features:					
Model: Coupe: Roa	adster:`	Year:	Color:_		
Special Features:					
This application must submitted	l to any Board Mer	nber at a regularl	y planned meeti	ng, or mail to:	
CORVette Set 6385 Park Ridge Dr Anderson, CA 96007					
Signature of Applicant			Signature	e of Receiving	Board Member