



## Membership Application

Member Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Co- Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mobile Telephone \_\_\_\_\_ Other \_\_\_\_\_

Email Address \_\_\_\_\_

Member Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Co-Applicant Employer \_\_\_\_\_

Occupation \_\_\_\_\_

### Corvette Information:

Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License \_\_\_\_\_

Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License \_\_\_\_\_

Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License \_\_\_\_\_

Name of Insurance

Company \_\_\_\_\_

Policy Number \_\_\_\_\_

NCCC# \_\_\_\_\_

Membership Fees are \$95.00 per couple (\$85 for single) for first year, which includes membership to the National Council of Corvette Clubs payable to: Corvettes of Bakersfield, Inc.

Mailing address is P.O. Box 22065, Bakersfield, CA 93390-2065.

WAIVER: By signature below, I/we release Corvettes of Bakersfield and any and all other participating organizations, their officers and members and any and all event sponsors from any and all liability for any loss, damage or other claim resulting from any injury to any person(s) or property resulting from my/our participation in a Corvettes of Bakersfield event. This includes travel to and from the event and agrees to have vehicle insurance as required by the state DMV.

IF MEMBERSHIP IS FOR A COUPLE, BOTH PARTIES MUST SIGN WAIVER.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

The club carries insurance through the National Council of Corvettes Clubs (NCCC). Through NCCC our club is covered by a liability insurance policy of \$5 million per occurrence.

A signature is required to receive a copy of the COB By-laws.

Signature \_\_\_\_\_

Date \_\_\_\_\_

New Members:

Name Preferred on Badge: First \_\_\_\_\_ Last \_\_\_\_\_

Name Preferred on Badge: First \_\_\_\_\_ Last \_\_\_\_\_