



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 _____ Color _____ License _____
__Hardtop __Coupe __Convertible __Z06 __ZR1 __Grand Sport
Year _____ Color _____ License _____
__Hardtop __Coupe __Convertible __Z06 __ZR1 __Grand Sport
Year _____ Color _____ License _____
__Hardtop __Coupe __Convertible __Z06 __ZR1 __Grand Sport

Name of Insurance
Company _____
Policy Number _____

NCCC# _____

Membership Fees are \$100.00 per couple (\$90.00 for single) for first year, which includes membership to the National Council of Corvette Clubs. Renewal is \$75.00.

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 _____