



## MEMBERSHIP APPLICATION



### APPLICANT INFORMATION

Name:

Date of Birth:

Home Phone:

Office Phone:

Email Address:

Cell Phone:

Fax Phone:

Physical address:

City:

State:

ZIP Code:

Mailing address:

City:

State:

ZIP Code:

### SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of Birth:

Home Phone:

Office Phone:

Email Address:

Cell Phone:

Fax Phone:

### CORVETTES CURRENTLY OWNED

Year:

Model:

Color:

Year:

Model:

Color:

Year:

Model:

Color:

Year:

Model:

Color:

### CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name:

Age:

Must be below driving age.

Name:

Age:

Must be below driving age.

### SIGNATURES

I authorize the use of the information provided on this form for the conduct of Cajun Corvette Club business only. I also understand that a copy of this application is available to me upon request.

Signature of Applicant:

Date:

Signature of Spouse *(only if for a joint membership)*:

Date:

Dues are \$35 per year. Please mail this form and your check made payable to the "Cajun Corvette Club" to the following address: Jimmy Ledet, 425 Hale Drive, Thibodaux LA 70301