

**Aquia Creek Corvette Club Application** (Print application) To join, either bring application to business meeting, see schedule for time and place, or mail application and membership dues to address at bottom of application.



## Membership Application

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ EMAIL: \_\_\_\_\_

SPOUSE \_\_\_\_\_

BIRTHDAY (MEMBER/ASSOCIATE) Month \_\_\_\_\_ Day \_\_\_\_\_ (SPOUSE) Month \_\_\_\_\_ Day \_\_\_\_\_

ANNIVERSARY Month \_\_\_\_\_ Day \_\_\_\_\_

May this information be published in the ACCC Member Directory: YES \_\_\_\_\_ NO \_\_\_\_\_

Corvettes currently owned:

Year \_\_\_\_\_ Style \_\_\_\_\_ Color \_\_\_\_\_ Engine \_\_\_\_\_

Year \_\_\_\_\_ Style \_\_\_\_\_ Color \_\_\_\_\_ Engine \_\_\_\_\_

**DUES INFORMATION:**

	<u>ANNUAL</u>	<u>LIFETIME</u>
ACCC Annual Dues (Member) (after Apr 1 - Half/Annual)	\$30.00 _____	\$150.00 _____
ACCC Annual Dues (Spouse) (after Apr 1 - Half/Annual)	\$20.00 _____	\$100.00 _____
Associate Member (after Apr 1 - Half/Annual)	\$20.00 _____	\$100.00 _____
<b>TOTAL</b>	_____	_____

MAKE CHECK PAYABLE TO ACCC FOR ALL FEES

MAIL APPLICATION AND APPLICABLE FEES TO:

**Aquia Creek Corvette Club  
P.O. BOX 986  
Stafford, VA 22555**

\_\_\_\_\_  
Member or Applicant's Signature

\_\_\_\_\_  
ACCC Membership Governor's Signature