



Central Florida Corvette Association Membership Application



Single Membership ~~\$75.00~~ \$80.00 / Couple Membership ~~\$100.00~~ \$105.00 / Dependent Membership \$45.00 (16-21 years of age)

Note: CFCA Membership Fees include NCCC Membership dues

Please Print Clearly

Activities of Interest to you:

Type of Membership (Single/Couple) _____

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

DOB: (month and day) _____ Email: _____

Employer: _____

Occupation: _____

Spouse/Significant Other (if applicable)

Name: _____

Dependent Name: _____

Work Phone: () _____

Cell Phone: () _____

DOB: (month and day) _____ Email: _____

Anniversary Date: (month and day) _____

Employer: _____

Occupation: _____

How did you hear about CFCA? _____

Personal Interests/Hobbies: _____

Corvette Affiliations: (NCM, NCCC, Forums, Registries:) _____

- Caravan Trips
- Shade Tree Mechanics
- Swap Meets
- Dinner Cruises
- Corvette/Car Shows
- Meetings
- Racing / Drags
- Other

Would you be interested in serving on a committee or helping at a club event?
 YES NO

Your Current Corvette (s):

Corvette Year: _____ Color: _____ Type: _____
(coupe/conv./fixed)

Corvette Year: _____ Color: _____ Type: _____
(coupe/conv./fixed)

How would you like your name to appear on your badge & what type?

- Clip (free)
- Magnet ~~XXXX~~

Yours: _____ Type: _____

Spouse/Sig. Other: _____ Type: _____

What size club shirt? (small, medium, large, x-large, 2x)

Yours: _____

Spouse/Sig. Other: _____

MEMBERSHIP DIRECTOR USE ONLY

Primary NCCC # FL186- _____
 Secondary NCCC # FL186- _____ L
 Dependent Mbr NCCC# FL186- _____ D
 D O B.: _____ Shirt Size: _____ Badge Type: _____

Form of Payment: Check # _____ Cash \$: _____

Processed By: _____ Date: _____