



# Central Florida Corvette Association Membership Application



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

*Note: CFCA Membership Fees include NCCC Membership dues*

**Please Print Clearly**

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) \_\_\_\_\_

**Activities of Interest to you:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Caravan Trips        | <input type="checkbox"/> Dinner Cruises     | <input type="checkbox"/> Racing / Drags |
| <input type="checkbox"/> Shade Tree Mechanics | <input type="checkbox"/> Corvette/Car Shows |   |
| <input type="checkbox"/> Swap Meets           | <input type="checkbox"/> Meetings           | <input type="checkbox"/> 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 (\$1.00)

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: \_\_\_\_\_