



**CYCLONE CORVETTES, INC.
AMES, IA**

MEMBERSHIP APPLICATION

+++++

Date _____ Referred by _____

Name _____ Active ____ Assoc. ____ (1)

Spouse/SignificantOther _____ Active ____ Assoc. ____ (2)

Address _____ City/State _____ ZipCode ____ (1)

Address _____ City/State _____ Zip Code ____ (2)

Birthday _____ (1) _____ (2) Wedding Anniversary _____
Month/Day Month/Day Month/Day

+++++

CONTACT INFORMATION

Home Phone _____ (1) _____ (2)

Cell _____ (1) _____ (2)

Email _____ (1) _____ (2)

Email address to receive club newsletter Email (1) Email (2) Both emails (circle one)

Club activities that interest you: (circle all that apply) Road Trips Social Events Committees/Board
Competitive events (specify) _____

+++++

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Relationship _____ Email _____

+++++

CAR INFORMATION

Generation _____ Year _____ Color _____ Model _____

Generation _____ Year _____ Color _____ Model _____

Generation _____ Year _____ Color _____ Model _____