



Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone #: _____

Email Address: _____

Birthday: (month /day/year) _____

Spouse /Friend: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone #: _____

Email Address: _____

Birthday: (month /day/year) _____

Vehicle Information: (year) _____ (colour) _____ (license plate) _____

(model) _____

Additional info: _____

Signature: _____

Membership fee each year is **\$45** (all memberships cover January 1st to December 31st) and includes insurance coverage from the National Corvette Alliance Group of Canada

Eastern Ontario Corvette

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Kingston Ontario

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