



Renegade Corvette Club of Florida

"A Social Club that Loves Corvettes."

MEMBERSHIP APPLICATION

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Occupation: _____ Business phone: _____

Your Birthday (month and day): _____

Name of Spouse or Significant Other: _____

Spouse / Significant Other Phone #: _____ Email: _____

Spouse or Significant Other Birthday (month and day): _____

Marital Status: _____ Anniversary Date (month and day): _____

Emergency Contact: Name: _____ Phone: _____

Relationship: _____

	Year	Body Style	Color	Engine Size
Corvette #1				
Corvette #2				
Corvette #3				

Primary interest in club activities: _____

Signed: _____ Date: ____/____/____

Mail completed application along with a check for your dues for one year in the amount of \$70 (per person) made payable to **Renegade Corvette Club of Florida**.

Rick DeLuague, Treasurer
1013 NW 124th Avenue
Coral Springs, FL 33071

renegadecorvettes@gmail.com
www.RenegadeCorvettes.com