



Renegade Corvette Club of Florida

MEMBERSHIP APPLICATION

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Occupation: _____ Business phone: _____

Your DOB: ____/____/____ Your Drivers License Number: _____

Name of Spouse or Significant Other: _____

Spouse / Significant Other Phone #: _____ Email: _____

Spouse / Significant other DOB: ____/____/____

Marital Status: _____ Anniversary Date: ____/____/____

Emergency Contact: Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Corvette(s) Description:

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

Primary interest in club activities: _____

Signed: _____ Dated: ____/____/____

Please mail this completed application along with a check for your dues for one year in the amount of \$60 (per person) made payable to **Renegade Corvette Club of Florida**. Thank you.

Armando Resillez, Membership Officer
6377 NW 50th Street
Coral Springs, FL 33067

6/21/2021

renegadecorvettes@gmail.com
www.RenegadeCorvettes.com