



NORTHERN ILLINOIS CORVETTE CLUB, INC.

Membership Application

Application Date: _____

Primary Name: _____	Spouse/Companion/Dependent _____
NCCC Number: <u>MW-167-</u>	NCCC Number: <u>MW-167-</u>
Birth Date (MM/DD/YY): _____	Birth Date (MM/DD/YY): _____
NCM MEMBER YES _____ NO _____	Wedding Anniversary: _____
Address: _____	Phone Number: _____
City/State/Zip _____	Contact Cell Number: _____
E-Mail Address: _____	E-Mail Address: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____

CORVETTE(S):

1.	Year: _____	Body Style: _____	Color: _____	Trans: _____
	Engine: Cubic Inches/Horsepower: _____	_____	_____	_____
2.	Year: _____	Body Style: _____	Color: _____	Trans: _____
	Engine: Cubic Inches/Horsepower: _____	_____	_____	_____
3.	Year: _____	Body Style: _____	Color: _____	Trans: _____
	Engine: Cubic Inches/Horsepower: _____	_____	_____	_____
4.	Year: _____	Body Style: _____	Color: _____	Trans: _____
	Engine: Cubic Inches/Horsepower: _____	_____	_____	_____
5.	Year: _____	Body Style: _____	Color: _____	Trans: _____
	Engine: Cubic Inches/Horsepower: _____	_____	_____	_____
6.	Year: _____	Body Style: _____	Color: _____	Trans: _____
	Engine: Cubic Inches/Horsepower: _____	_____	_____	_____
7.	Year: _____	Body Style: _____	Color: _____	Trans: _____
	Engine: Cubic Inches/Horsepower: _____	_____	_____	_____

Membership Fees:	<u>Amount Enclosed</u>
Annual Dues: Primary & Spouse (Companion/Dependent) Membership in NICC and NCCC	\$60 _____
Annual Dues: Primary Membership in NICC and NCCC	\$50 _____
Late Fee: If payment is not postmarked on or before Oct. 15	\$10 _____

TOTAL ENCLOSED:

Make check payable to NICC and mail with all application pages to:
 Northern Illinois Corvette Club
 ATTN: Membership Director
 P.O. Box 573
 Rockford IL 61105

Please complete Page 2 of this Membership Application Form

FOR MEMBERSHIP DIRECTOR'S USE:

Date Received: _____ Membership Year: _____

Check Number: _____ NICC/NCCC: _____

