



**New Membership Application**

**Desert Corvette Association**

Your Name: \_\_\_\_\_

Spouse / Partner: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse / Partner Cell: \_\_\_\_\_

Your Email: \_\_\_\_\_

Spouse / Partner's Email: \_\_\_\_\_

Describe your Corvette(s): \_\_\_\_\_

\_\_\_\_\_  
Year, Coupe/Convertible, color, other stuff

**Annual Dues Structure:**

**Regular Membership & Associates:**  
Single - \$40.00 \_\_\_\_\_  
Couple - \$50.00 \_\_\_\_\_



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Mail this completed form (with payment) to:  
**Desert Corvette Association c/o Bob Swan – Membership Director**  
**2918 E. Leland St., Mesa, AZ 85213 480-830-2999**