



**MOUNTAIN CITY CORVETTE ASSOCIATION  
MEMBERSHIP APPLICATION**

**Membership expires annually on June 30. Dues: \$25**

**Please bring this form with your payment to our club meeting.  
Check the calendar at [www.mcca.club](http://www.mcca.club)  
for our next meeting date and location.**

Name (1) Last: \_\_\_\_\_ First: \_\_\_\_\_

Phone (1) Cell: \_\_\_\_\_ Home: \_\_\_\_\_

E-Mail (1): \_\_\_\_\_

Birthdate (1) OPTIONAL: Month \_\_\_\_\_ Day \_\_\_\_\_

Name (2) Last: \_\_\_\_\_ First: \_\_\_\_\_

Phone (2) Cell: \_\_\_\_\_

E-Mail (2): \_\_\_\_\_

Birthdate (2) OPTIONAL: Month \_\_\_\_\_ Day \_\_\_\_\_

Address Street: \_\_\_\_\_

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

**My Corvettes**

Year \_\_\_\_\_ Color \_\_\_\_\_ Body Style \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Body Style \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Body Style \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Body Style \_\_\_\_\_

**PLEDGE:** I do hereby state my intent and desire to be an active participating member in the Mountain City Corvette Association (MCCA). I agree to accept the responsibilities and obligations required for membership and will strive to uphold the objectives of this organization.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**In lieu of a raffle at *Show Your Ride*, I am including a \$ \_\_\_\_\_  
optional donation in addition to the \$25 annual dues.**

**Check total \$ \_\_\_\_\_**