

Milwaukee Corvair Club

Membership Renewal/Application
for 20__
Dues: \$10.00 per year

Note: The information you provide on this form will be published in the MCC Membership Directory.

First Name _____ Last Name _____

Street Address: _____

City/State/Zip: _____

Home Phone Number: (____) _____

Cell Phone Number: (____) _____

Email Address: _____

Corvair(s) or other cars you have? _____

Outside interests and/or other club affiliations: _____

Your Birthday: Month _____ Day _____

PLEASE COMPLETE THE SECTION BELOW FOR ADDITIONAL MEMBERS

Name of Spouse: _____

Spouse's cell Phone Number: (____) _____

Spouse's Email Address: _____

Spouse' Birthday: Month _____ Day _____

Wedding Anniversary: Month _____ Day _____

Checks payable to Milwaukee Corvair Club Please fill
out this form and mail with dues payment to:

Milwaukee Corvair Club
c/o Rob Roberts
9148 42nd Court
Kenosha, WI 53142