

DATE: _____

BAYOU STATE CORVETTE CLUB

PO BOX 1241
SCOTT, LA 70583

DUES: \$35.00 PER YEAR PER MEMBER/FAMILY

MEMBER

NAME: _____

New Member: Referred By: _____

OR Returning Member: Year Joined: _____

CELL NUMBER: _____

EMAIL: _____

BIRTHDAY (MM/DD): _____

CO-MEMBER

NAME: _____

CELL NUMBER: _____

EMAIL: _____

BIRTHDAY (MM/DD): _____

HOME ADDRESS: _____

HOME PHONE: _____

CORVETTE(S)

CURRENTLY OWNED: _____

CLUB USE

DATE RECEIVED: _____

PAYMENT: _____

NOTES: _____

NAME TAG: _____

GIFT: _____
