Corvette Club of Western Pennsylvania ("C.C.W.P.")

New and Renewal Membership Application

Date: ____/____/_____ New: _____ Renewal: ____

Name: _____ Home Phone: (_____) _____
(Last Name) (First Name)

Address: _____
(Street) (City) (State) (Zip Code)

Email Address_____ Cell Phone: (_____) _____

Member's Birth Date: ____/____/____ (At least the month & day) Name for Name Badge: _____

Spouse's/Domestic Partner Name (if joining): _____ _____
(first) (last)

Email Address_____ Cell Phone: (_____) _____

Birth Date: ____/____/____ (At least the month & day) Name for Name Badge: _____

Year of Your Corvette: _____ Color: _____ Body Style: ❑Coupe ❑Convertible ❑Hardtop

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How did you hear about CCWP? _____

_____

Requirements of membership

To be completed by new members only

Please answer yes or no to these statements.

❑ Yes ❑ No I understand I must be at least 18 years old to be a member.

❑ Yes ❑ No I understand the membership year runs from January 1st To December 31st

❑ Yes ❑ No I understand my name, e-mail address and telephone number may be printed in the monthly newsletter

The newsletter is available on the website below. Check here to have it mailed to you. ❑

(please note that having it mailed to you will cost an additional $15 yearly above your annual dues)

Membership Dues

Newsletter by e-mail (Jan 1st thru Dec 31st): $30.00 for a single/ $35.00 for a couple Amount enclosed: _____

Newsletter by US mail (Jan 1st thru Dec 31st): $45.00 for a single/ $50.00 for a couple Amount enclosed: _____

Liability Statement

In consideration of membership in the Corvette Club of Western Pennsylvania, I/we acknowledge that I/we have liability insurance on all of our cars as that is a requirement of membership. Also as a requirement of membership, I/we release, indemnify and hold harmless the Board of Directors, staff members and general membership of CCWP from any and all claims, causes of actions, property damages, judgments, lawsuits and injuries whether known or unknown for any reason whatsoever as a result of my attendance and/or participation or the attendance and/or participation of my guests before, during, and after any event associated with or sponsored by CCWP.

Applicant's Signature: _____ Date : ____/____/____
(Signature is required)

Applicant's Signature: _____ Date : ____/____/____
(Signature is required)

After completing the information above, please mail this application with a check or money order payable to C.C.W.P. to:

Allen Young
C.C.W.P Membership Director
1210 Harvest Drive
Monroeville, PA 15146

General membership meetings are held on the second Monday of each month at 7:00 pm.

Join us online at WWW.CCWP.ORG

Revised (9/25/17)