CORVETTE CLIS	orvette Club of We	estern]	Pennsylva	ania ("C	C.C.W.P.")
New and Renewal Membership Application						
FR B PEMER	Date://		New:		Renewal:	
Name:			Home F	Phone: ()	
(Last Name)	(First Name)					
Address:						
(Street)		(City)			(State)	(Zip Code)
Email Address			Cell Pł	hone: ()	
Member's Birth Date:/	_/ (At least the month	& day)	Name for Nam	e Badge:		
Spouse's/Domestic Partner N	ame (if joining):					
	ame (if joining):	(first)			(last)	
Birth Date://	(At least the month & day)	Name fo	or Name Badge:			
Year of Your Corvette:	Color:		Body Style:	□Coupe	□Convertible	□Hardtop
Year of Your Corvette:	Color:		_ Body Style:	Coupe		□Hardtop
How did you hear about CCW	P?					
Requirements of member	<u>ship</u>					

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

See 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 1 st thru Dec 31 st):	\$30.00 for a single/ \$35.00 for a couple	Amount enclosed:
Newsletter by US mail	(Jan 1 st thru Dec 31 st):	\$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 <u>WWW.CCWP.ORG</u> Revised (9/25/17)