

Mid Maine Vettes
C/O Ray Faucher
171 Pettingill Street
Lewiston, Maine 04240-5319

(January 1 to December 31)

MEMBERSHIP APPLICATION

(Please Print)

DATE: _____

MEMBER'S NAME: _____ DATE OF BIRTH: _____

SPOUSE'S NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: HOME (____) _____ CELL #: (____) _____

E-MAIL ADDRESSES: _____

E-MAIL ADDRESSES: _____

MARRIED: - YES ___ NO ___ IF YES, DATE: _____

YEAR OF CORVETTE: _____ BODY STYLE: _____ ENGINE: _____ COLOR _____

YEAR OF CORVETTE: _____ BODY STYLE: _____ ENGINE: _____ COLOR _____

YEAR OF CORVETTE: _____ BODY STYLE: _____ ENGINE: _____ COLOR _____

A PICTURE OF YOUR CORVETTE(S) SHOULD ACCOMPANY YOUR APPLICATION.

NEW MEMBER DUES IF JOINING BETWEEN : JANUARY 1 to AUGUST 31 = \$20 - NON-REFUNDABLE
SEPTEMBER 1 to DECEMBER 31 = \$15 - NON-REFUNDABLE

I PREVIOUSLY WAS A MEMBER OF MID MAINE VETTES..... NO () YES ()

MAKE CHECK PAYABLE TO: MID MAINE VETTES

MAIL CHECK AND APPLICATION TO: **MID MAINE VETTES
C/O RAY FAUCHER
171 PETTINGILL STREET
LEWISTON, MAINE 04240-5319**

APPLICANT'S SIGNATURE: _____