



MEMBER RENEWAL FORM

Name _____ Spouse _____

Complete this section only if information has changed

Address _____ City/ST/ZIP _____

Phones (home) _____ (work) _____ (mobile) _____

Email (please print clearly) _____

Due by Oct 1 and Past Due Dec 1: ___ \$20 Individual ___ \$30 Family

Please bring to a membership meeting or mail to:

Central Oklahoma Corvette Club
PO Box 721290
Oklahoma City, OK 73172-1290
www.centralokcorvetteclub.org