



SONORAN DESERT CORVETTES, TUCSON

Membership Application (effective 6/18/24 -10/31/24)

(Please Print Clearly)

MemberName _____ Birthday (mm/dd) _____

Spouse/Partner _____ (Partner Birthdate) _____

Current Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____ 2nd Cell: _____

E-mail _____

Additional E-Mail _____

Corvette Year _____ Model _____ Color _____

Corvette Year _____ Model _____ Color _____

Valid Driver's License Y N Auto Insurance (AZ Min.) Y N Corvette Owner / Lessee

Member Signature _____ Date _____

Spouse/Partner Signature _____ Date _____

*** DUES ARE PRORATED - FROM THE 1st of the MONTH YOU JOIN UNTIL OCT. 31ST**

Membership (Individual) \$7.50 X _____ MONTHS = _____

Includes: (1) Name tag / Club sticker **(can be picked up at a GMM)**

Membership (Couple) \$10.00 X _____ MOMTHS = _____

Includes: (2) Name tags / Club sticker **(can be picked up at a GMM)**

Send or give this completed SDCT Application form along with your check for the total amount to any SDCT officer.

Mail to:

Sonoran Desert Corvettes Tucson

Membership Director

P. O. Box 8547

Tucson, AZ 85738