

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) Occupation: \_\_\_\_\_

Spouse's Name (if joining): \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_  
(first) (last)

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

Year of Your Corvette: \_\_\_\_\_ Color: \_\_\_\_\_ Body Style: Coupe Convertible Hardtop  
Special Options \_\_\_\_\_

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Special Options \_\_\_\_\_

Which events would you like to participate in?

- Car Shows  Socials  Speed Events  
 Rallyes  Tours  Autocross

What other car clubs are you a member of? \_\_\_\_\_

**Requirements of membership**

To be completed by new members only

Please answer yes or no to these statements.

- \_\_\_\_\_ I understand I must be at least 18 years old to be a member.  
\_\_\_\_\_ I understand the membership year runs from January 1<sup>st</sup> To December 31<sup>st</sup>  
\_\_\_\_\_ I understand my name, e-mail address and telephone number may be printed in the monthly newsletter

Recommending Member \_\_\_\_\_

**Membership Dues**

(Jan 1<sup>st</sup> thru Dec 31<sup>st</sup>): \$30.00 for a single \$35.00 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)

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

C.C.W.P.  
Po Box 46311  
Monroeville, Pa 15146  
Attn: Membership Director

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

**Join us online at [WWW.CCWP.ORG](http://WWW.CCWP.ORG)**

Revised (12/01/2011)