



Membership Application

DATE _____

NAME _____

SPOUSE _____

ADDRESS _____

HOME PHONE () _____

CITY _____

CELL PHONE () _____

STATE _____ ZIP _____

EMAIL ADDRESS _____

NCRS MEMBERSHIP NUMBER _____

NOTE: YOU MUST BE A MEMBER OF THE NCRS NATIONAL TO QUALIFY FOR LOCAL CHAPTER MEMBERSHIP.

DESCRIBE CORVETTES CURRENTLY OWNED: _____

HOW DID YOU FIND OUT ABOUT OUR CHAPTER? _____

MAKE CHECK PAYABLE TO:
NCRS NORTH CENTRAL CHAPTER

**\$25.00 1ST YEAR DUES
PRORATED:**

MAIL TO: **Jerome Lardy**
788 Trotters Ridge
Eagan, MN 55123

PHONE: (651) 681-0017
EMAIL: jeromemn@msn.com

<u>IF YOU JOIN</u>	<u>AMOUNT</u>
Jan - Mar	\$25.00 *
Apr - Jun	\$18.75
Jul - Sep	\$12.50
Oct - Dec	\$6.25

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