



Carolinas Chapter
Membership Application



NCRS#: _____

Name: _____

Spouse: _____

Address: _____

City: _____ **St:** _____ **Zip:** _____

Phone: _____ **email:** _____

Corvettes: _____

Occupation: _____

Hobbies: _____

What activities would you like to see the Chapter provide?

What committiees would you like to serve on? _____

Comments: _____

Mail application and \$15.00 to:

Jim Gregg
P. O. Box 2692
Matthews NC 28106