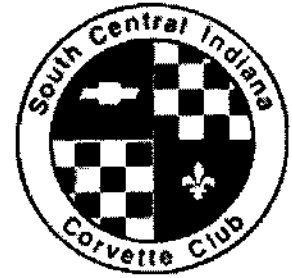




South Central Indiana Corvette Club



Membership Application Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Year of Vette(s) You own _____ Color _____

Signature _____ Spouse _____

Date _____

Bring to meeting or mail to:

**South Central Indiana Corvette Club
824 S. 500 West
Shelbyville, IN 46176-9035**
