



Membership form

Personalities

Name / First name _____
Date of birth _____
Profession / Firm _____
Home address _____
Zip-Code / City _____
Phone home _____ Fax home _____
E-Mail home _____
Mobile phone _____
Office address _____
Zip-Code / City _____
Phone office _____ Fax office _____
E-Mail office _____
Postal delivery to Home adress Office adress

Vehicle informations

I own 1 Corvette Several _____ (Quantity)
Year _____ Type _____
Colour _____ Original Yes No
Comments _____

Annual fee

The subscription to "Vetting" is included!

Active member CHF 300.-- Qualifies for the participation in all club occasions with reduced prices

Patron member CHF 100.--

I propose the membership as a Active member Patron member

Date _____ Signature _____

Please send this membership form back with the followin enclosures

1 Photo of yourself / 1 Photo of your Corvette

Please send this form to: **SCCI, P.O. Box, CH-8037 Zürich**