

## Membership Registration Form

First Name	Last Name	Birthdate
Second Member First Name	Second Member Last N	lame Birthdate
Address0	ityState	Zip
Home PhoneCell Ph	oneSecond	Cell Phone
Email	_ Second Email	
Corv	ettes You Own	
Year Color	License Mod	el
Year Color	License Mod	el
Insurance Carrier  Emergency Contact  Relationship	Phone	
By signing I hearby agree to release and agents, events organizers and all location in a strictly prohibits racing on street or unduring any Club event in a safe and lawf I certify that my vehicle used in any club requriements of liability in the state of current laws. I agree to abide by all current laws.	ns where any part of any event is by and all events and meetings. Ra authorized track and I agree to o ul manner pursuant to state and lo b event is properly registered and California or any location an event	held from loss, damage or ncho Murieta Corvettes perate any of my vehicles cal laws as well as club rules d insured to meet legal t is being held according to
Signature	Second MemberSignature	
Member Number	Date	