

NORTH SHORE CORVETTES OF MA, INC.





Form #09-20-17

(January 1 to December 31)

() <u>New</u> () <u>Ren</u> o PRINT the full names (firs		1 or 2 People in to 1 Person (\$55.00 r two individuals with	O) or 2 Peop	le (\$60.00)	hold the c	one or	
	two votes. (Guests ca	nnot vote) (PRINT as	CLEARLY as PO	SSIBLE)				
Vote 1 (First Name)	·			-				
Vote 2 (first Name) (Last Name)								
Address								
City			Zip c	ode				
Phone Number								
Vote 1 Email Address								
Vote 2 Email Address								
Corvette Info: Year I was a member(s) of North Sh	•					Yes (
I would like to have the Newsletter mailed to my address at the cost of \$36.00 per year.			No ()	Yes ()		
Do you give permission to distribute all your club roster info to other NSCM members?				No ()	Yes ()	
P.O. Box 5	ore Corvettes of MA, In	· · · · · · · · ·	n)					
	IN WHAT C	APACITY WOULD YOU	U LIKE TO SERVE	.				
() Member () E-Board () Officer () Other Committees								
I / We have read and agree to NSCM's Code of Ethics as add	•				_			
(Voter 1) Signature			Date					
(Voter 2) Signature								
(Add a Late Fee of \$10.00 after January 31 st to February 28 th for any renewals)								
-	a renewal is not receive	-	-	•				
	Total Am	ount Enclosed \$		_				
Thank y	ou for joining / rejoinin	g the North Shore Co	rvettes of MA, I	nc. Save th	ne Wa	ve!		

OFFICIAL USE ONLY: Received Check # _____ Amount \$ ____ Date ____