



# BAY STATE CORVAIR CLUB



CORSA Chapter 017

## 2017 Application for Membership & Annual Renewal

Please fill this form out as completely as you can.

**Thank you!**

Date - \_\_\_\_\_

Name - \_\_\_\_\_ Spouse/Partner - \_\_\_\_\_

**Renewing 2016 Member? Check this box if your information has not changed, stop here. Please update any info that has changed. Write your check payable to 'Bay State Corvair Club' and mail with this form to address at bottom.**

Address- \_\_\_\_\_ City / Town- \_\_\_\_\_

State- \_\_\_\_\_ Zip Code- \_\_\_\_\_ Birthdates (Month/Day ONLY) You- \_\_\_\_\_ Spouse / Partner- \_\_\_\_\_

Children - Y / \_N \_\_\_\_\_ How many? \_\_\_\_\_ Names- \_\_\_\_\_

Phone numbers: Home- \_\_\_\_\_ Cell- \_\_\_\_\_

E-Mail Address- \_\_\_\_\_

**Please check this box if you want the newsletter via email (Adobe pdf files)**

**Please check this box if you would like to be included on the BSC-List e-mail group.**

Who were you referred by? \_\_\_\_\_

Do you belong to other clubs? \_\_\_\_\_ If yes, which one(s) \_\_\_\_\_

Are you a current CORSA Member? \_\_\_\_\_ If Yes, CORSA # \_\_\_\_\_

Do you currently own a Corvair? \_\_\_\_\_ When did you become interested in Corvairs? \_\_\_\_\_

Tell us about your Corvair(s) Year, Model, Body Style, Color, Options (If you have a picture, please submit for website)

Corvair #1 \_\_\_\_\_

Corvair #2 \_\_\_\_\_

Corvair #3 \_\_\_\_\_

If you have more you want to tell us about, please list on back.

**Annual Membership fee is due \$25 every January 1st**

**New members only:** \$25 dues paid after September 1st will include your membership for the following year.

**Make your check payable to 'Bay State Corvair Club'. Please mail your check *and* completed sheet to:**

**Bay State Corvairs • 33 Woodhaven Blvd • North Providence, RI 02911**