



# West Michigan Corvair Club Application:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Year, Model of Corvair: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday: \_\_\_\_\_

Spouse and Children's Names/Birthdays:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Anniversary Date: \_\_\_\_\_



Please mail this form, along  
with a check for \$18.00 to:

West Michigan Corvair Club  
6754 Rogueview Court NE  
Belmont, MI 49306