

## Membership form

## **Personalities**

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

## Vehicle informations

l own	()	1 Corvette	()	several		(Quantity)
Year			Туре			
Colour			Origina	al	() Yes	( ) No
Comments						

## Annual fee

Date			Signature			
I propose the membership	as a		()	Active member	()	Patron member
Patron member	CHF	110				
Active member	CHF	310				

Please send this membership form back with the following enclosures

1 Photo of yourself, 1 Photo of your Corvette

Please send this form to

SCCI, c/o P. Witzig, Rossernstr. 33, 3703 Aeschi bei Spiez