

MEMBERSHIP APPLICATION FOR LONG ISLAND CORVETTES



LONG ISLAND CORVETTES
P.O. Box 617,
North Bellmore, NY 11710

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

Long Island Corvettes, Inc. is a not for profit corporation established for the purpose of holding organized events and activities for the enjoyment of our membership.

We believe that honesty, trust and friendship are the required foundation without which no social organization can flourish. If you share in our belief we invite you to join with us. Membership dues are \$35 annually and the membership period will run for one year from the date you are registered.

Please write your check out to: **“Long Island Corvettes”** and mail your application and check to the address appearing in the upper right corner.

Because we are a private club and not open to the general public; an existing and current member must sponsor your membership application. Please have your sponsor complete this section.

SPONSOR: _____ SIGNATURE: _____

Membership Contract

I understand that; if my application is accepted, as a member I will become a representative of this organization and I agree to uphold the principles and policies on which this club was founded.

I agree to conduct myself with dignity, honesty, truthfulness and with a sense of fair play and good sportsmanship in all dealings with my fellow members and at any time where I; as a member, am directly or indirectly representing this organization.

Applicant's Signature: _____ Date: _____