

High Sierra Corvette Club
Membership Form

Name _____ Birth Date (M/D) _____

Spouse/Partner's Name _____ Birth Date (M/D) _____

Anniversary (M/D) _____

Address _____

City, State, Zip _____

Phone (H) _____ Cell 1 _____ Cell 2 _____

Email Address 1: _____

Email Address 2: _____

<u>Describe your Corvette(s):</u>	<u>Year</u>	<u>Model</u>	<u>Color</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

New Member Dues:

- \$50 - Aug - Oct
- \$40 - Nov - Jan
- \$30 - Feb - Apr
- \$20 - May - Jul

Mailing Address: Nita Jacobsen
Treasurer, High Sierra Corvette Club
13747 Sugar Loaf Road
Grass Valley, CA 95949

Liability Release:
I, the undersigned, in consideration of the acceptance of the right as a member, participant, entrant, and/or spectator, by execution of this form, release and discharge High Sierra Corvette Club, their officers, directors, and all other current members of any and all known and unknown damages, injuries, losses, judgments, and/or claims for whoever and/or whatever that may be suffered by any entry, to his person, and/or property. I will observe all safety ordinances and traffic regulations of the State of California. I acknowledge that controlled substance abuse is not allowed. Furthermore, I will carry California's required vehicle insurance on the vehicle I use when participating in any and all High Sierra Corvette Club events.

I have read the terms and conditions of membership as listed above, the Liability Release, and have furnished vehicle insurance information.

Applicant's Signature

Date