MEMBERSHIP APPLICATION FOR LONG ISLAND CORVETTES

ONLINE PAYMENTS: https://www.longislandcorvettes.com/ pay-online/



LONG ISLAND CORVETTES 944 Middle Country Rd. St. James, NY 11780

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:		
HOME PHONE:	CELL PHOP	JNE:
Long Island Corvettes, Inc. is a not for profit corporation established for the purpose of helping each other, corvette 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 \$45 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		
	ppearing in the upper right	
Because we are a private club and not open to the general public; it's better to have an existing and current member to support your application or your request will be subject to delay. Please have your sponsor complete this section if you know one.		

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: _____