

NCCC Membership Application

NCCC MEMBERSHIP APPLICATION PRIMARY NAME (First, Middle Initial, Last) - FILL IN COMPLETELY <input style="width: 100%; height: 20px;" type="text"/>				Club Affiliation _____ M <input type="checkbox"/> NEW OR LATE \$35.00 A <input type="checkbox"/> SPOUSE/COMPANION/YOUTH \$10.00 Y <input type="checkbox"/> YOUTH MBR D.O.B. _____ 2 <input type="checkbox"/> PARENT NCCC # _____ 0 <input type="checkbox"/> LIFETIME \$335.00 1 <input type="checkbox"/> M-A-L \$35.00 0 <input type="checkbox"/> M-A-L SPOUSE/COMPANION/YOUTH \$10.00 <input type="checkbox"/> PREVIOUS NCCC MBR YR _____ <input type="checkbox"/> TRANSFER FROM			
SPOUSE/COMPANION/YOUTH NAME <input style="width: 100%; height: 20px;" type="text"/>				<input type="checkbox"/> M <input type="checkbox"/> F			
ADDRESS <input style="width: 100%; height: 20px;" type="text"/>				<input type="checkbox"/> M <input type="checkbox"/> F			
CITY <input style="width: 100%; height: 20px;" type="text"/>			<input type="checkbox"/> M <input type="checkbox"/> F				
STATE <input style="width: 50px; height: 20px;" type="text"/>	ZIP CODE <input style="width: 100px; height: 20px;" type="text"/>	APT. # <input style="width: 50px; height: 20px;" type="text"/>	REGION <input style="width: 50px; height: 20px;" type="text"/>	CLUB <input style="width: 50px; height: 20px;" type="text"/>	NUMBER <input style="width: 100px; height: 20px;" type="text"/>		
E-MAIL ADDRESS <input style="width: 100%; height: 20px;" type="text"/>				CHANGE OF NAME/ADDRESS YEAR <input style="width: 30px; height: 20px;" type="text"/> CP. <input style="width: 30px; height: 20px;" type="text"/> CONV. <input style="width: 30px; height: 20px;" type="text"/> HDTP/Z06 <input style="width: 30px; height: 20px;" type="text"/> VETTE INFO			
PRIMARY APPLICANT'S SIGNATURE _____		DATE _____		SPOUSE/COMPANION/YOUTH SIGNATURE _____		DATE _____	

THIS CERTIFIES THAT I AM AT LEAST 16 YEARS OF AGE. RMD: INITIAL _____ DATE: _____
 Annual dues for membership in NCCC for the year 20__ are \$35. \$10 of this amount is for a one-year subscription to Blue Bars.

Please complete the following sections:

- Primary Name and Gender
- Spouse/Companion Name and Gender
- Address
- City
- State and Zip Code
- Vette Info

Both Primary and Spouse/Companion are to sign and date the form.

Do not fill in greyed boxes.