



WR-523

Membership Application 2025

Primary Member Name: _____

Home phone: _____ Cell phone: _____ Email: _____

Spouse/Companion Name: _____

Cell phone: _____ Email: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip: _____

Corvette(s)

Year	Model	Color	Coupe or convertible
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_____	_____	_____	_____
_____	_____	_____	_____

New member dues: Single - \$55 Couple - \$65

Applicant Signature(s): _____ Date: _____

_____ Date: _____

MAKE CHECKS PAYABLE TO ARCHWAY CORVETTE CLUB AND RETURN TO:

Archway Corvette Club, c/o Linda Graus
1309 N. Jefferson St, Lexington, NE 68850

Thanks!! We are looking forward to seeing you at the next meeting or club activity. Regular meetings are the second Tuesday of the month, notice will be provided via e-mail or check our

website at: www.archwaycorvetteclub.com

Email: archwaycorvetteclub@gmail.com