

TULSA VETTE SET, Inc.



Membership Application

Membership Dues:

\$95.00 - you & spouse/other \$85.00 - singles - no spouse/other (membership is January through December) Includes TVS and NCCC membership (Revision Date: 05-21-2020)

Visit us on the web:
tulsavetteset.com
Facebook: TVS Too!

Have you belonged to TVS and/or NCCC before? ☐ Yes ☐ No	If "Yes", what year did you join?			
How did you hear about Tulsa Vette Set?				
1st Member:				
Name:	Birthday (Month/Day only)			
Address:				
Street		City,	State,	Zip
Cell Phone Number:	Occupation:			
Email Address:				
You must have an email address to receive TVS Constant Contact emails	and to access the TVS We	bsite. (One member on	ıly for each ema	il address)
Are you a Veteran? ☐ Yes ☐ No If "Yes", what bra	nch of service?			
2nd Member:				
Name:	Birthday (Month/Day only)			
Address:				
Street		City,	State,	Zip
Cell Phone Number:	Occupation:			
Email Address:				
2nd Member's email address <u>must be different</u> from 1st Member's to	receive TVS Constant Con	ntact emails and to acce	ess the TVS Web	site.
Are you a Veteran? ☐ Yes ☐ No If "Yes", what bra	nch of service?			
Corvette(s) currently owned. (Please identify year, model, coupe	or convertible and	color)		
Year / color / □ Cpe □ Conv □ Stingray □ GSport □ Z06 □ ZR1	Year / color / ☐ Cpe ☐ Conv ☐ Stingray ☐ GSport ☐ Z06 ☐ ZR1			



TULSA VETTE SET, Inc.



Membership Application (continued)

I agree to hold harmless Tulsa Vette Set, its officers, directors, agents, for any acts of omissions which may result in theft, damage, or destruction of my property or

injury to me or others occurring as a consequence of this club's sanctioned events including but not limited to car shows, cruises, tech sessions or other events wherever located. I have proof of insurance that meets or exceeds Oklahoma's minimum requirements for auto property damage, medical and liability insurance requirements for my vehicles and can provide such proof if asked to do so. I also promise to abide by the bylaws and Standing Rules of the Constitution of the Tulsa Vette Set.

Signature:

Date:

Date:

Cash (Bring to next meeting)

Check # ______
Credit Card # ______ CCV _____ Exp. Date _______ Billing Zip _______

(Note: If paying by credit card a \$3.00 charge will be added to cover card payment processing fees)

Please mail completed form and payment to:

Tulsa Vette Set, Inc.
P.O. Box 470381

Tulsa, OK 74147-0381

TVS Use Only: ☐ TVS DB ☐ NCCC ☐ CCont ☐ BDay ☐ Gaz ☐ Website ☐ NMDIN ☐ NMP _____