



2012 CHAPTER REGISTRATION

HEART OF OHIO CHAPTER NCRS

First Name: _____ Last Name: _____

Spouse Name: _____ Last Name: _____

Street Address: _____

City, State Zip: _____

Home Phone: _____

Business Phone: _____

Fax Number: _____

Cell Number: _____

Email Address: _____

National NCRS Number: _____

Note: You must be an active member of NCRS.

Corvettes Owned:

Year: _____ Body: _____ Color: _____ HP/CI: _____

Year: _____ Body: _____ Color: _____ HP/CI: _____

Year: _____ Body: _____ Color: _____ HP/CI: _____

Year: _____ Body: _____ Color: _____ HP/CI: _____

Year: _____ Body: _____ Color: _____ HP/CI: _____

Complete this form and enclose check or money order in the amount of \$20.00, made payable to "Heart of Ohio Chapter — NCRS" and send the completed form to:

Herb Harlton
HoO Chapter NCRS Membership Chair
792 Olenhurst Court
Columbus, OH 43235-2163