



LAKE ERIE CHAPTER
2012 MEMBERSHIP Form

New Membership _____ Renewal _____

NAME: _____ Birthday (Mo/day only) _____

SPOUSE NAME: _____ Birthday (Mo/day only) _____

NCRS# _____ Phone # _____ Cell# _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CORVETTES OWNED (OPTIONAL)

JUDGING LEVEL (OPTIONAL) _____

Please mail a \$15.00 check payable to: LEC NCRS

SEND TO:

Mike Cioffi

LE Chapter, Membership

P O box 1244

Mentor, OH 44061-1244

Tell us what topics you would like our tech sessions to cover!

TECHNCIAL/JUDGING Topic _____

WILL YOU HELP AND AN EVENT? YES _____ MAYBE _____