



HEART OF OHIO CHAPTER NCRS

Chapter Membership Registration Form

First Name: _____ Last Name: _____

Spouse Name: _____ Last Name: _____

Street Address: _____

City, State Zip: _____

Home Phone: _____ Cell Number: _____

Email Address: _____

National NCRS Number: _____ Note: **You must be an active member of the National NCRS to join any NCRS Chapter.**

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 a check or money order in the amount of \$20.00, made payable to:

“Heart of Ohio Chapter — NCRS” and send the completed form to:

Randy Early
Heart of Ohio Chapter NCRS Membership Chairman
5075 Dinard Way
Columbus, Ohio 43221