



APPLICATION FOR MEMBERSHIP FORM

Mail To: Mid Hudson Valley Corvette Association
c/o David Goldfarb, 152 Duncan Avenue, Cornwall-On-Hudson, NY 12520

HOME

MHVCA HISTORY
NEWSPAPER ARTICLES

MEMBERS LIST

MEMBER'S VETTES

**MHVCA EVENTS
CALENDAR**

EVENTS PHOTOS

CONTACT US

MEMBERS ONLY

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Spouse's Cell _____ E-mail _____

Corvette(s)

Year _____ Color _____ Style (Coupe, Conv., Z06, etc.) _____

Year _____ Color _____ Style (Coupe, Conv., Z06, etc.) _____

Year _____ Color _____ Style (Coupe, Conv., Z06, etc.) _____

Other "Stimulating" Automobiles (Ferrari, Mustang, Cobra, Camaro, Challenger, etc.)

Year _____ Color _____ Style (Coupe, Conv., etc.) _____

Year _____ Color _____ Style (Coupe, Conv., etc.) _____

The following supersedes all previous versions of the MHVCA Membership Form and is applicable to all MHVCA members. By my signature I authorize the MHVCA to register me as a member of the Mid-Hudson Valley Corvette Association, Inc. I understand my membership is contingent upon maintaining a valid driver's license and by my signature I agree I shall abide by the MHVCA By-laws. I further agree that I shall maintain current insurance for any and all vehicles participating in any and all MHVCA activities. I hereby release MHVCA, their members and officials, all sponsors, their employees, official agents and associates, from any and all liabilities, indemnify and hold them harmless for any individual acts of negligence and or recklessness and claims or damages resulting thereof.

By my signature I hereby state that within the last 5 years I have not been convicted or pled guilty to any serious driving infraction involving criminal conduct such as vehicular assault, uninsured operation of a motor vehicle, reckless driving, DWI, or DWAI nor have I had my drivers license or automobile insurance denied, revoked, restricted or voluntarily surrendered on the basis of criminal charges.

By my signature I hereby state that the above information is true and accurate, and if there are any changes in the above information, I will notify MHVCA in writing, of such change and provide documentation if necessary.

Member's Signature _____ Date _____

Spouse or Significant Other's Signature _____

**Make checks payable to MHVCA for \$65 Annual Dues (October 1 to September 30)
THE SUBMISSION OF AN APPLICATION IS NOT A GUARANTEE OF MEMBERSHIP.**