

**CAPE COD CORVETTE CLUB**  
**MEMBERSHIP APPLICATION FORM**

APPLICATION DATE: \_\_\_\_\_

TOTAL ENCLOSED: \_\_\_\_\_

Please mail completed form and check made payable to Cape Cod Corvette Club to:  
Cape Cod Corvette Club, c/o Treasurer Cindy Mason, 6 Gray Birch Road, East Sandwich, MA 02537

**ANNUAL MEMBERSHIP DUES**

**NEW MEMBER: \$57.50 / person - Includes name badge**

**YEARLY RENEWAL: \$50 / person**

**MEMBERSHIP ALLOWS FOR VOTING RIGHTS AT ALL MEETINGS, AND  
CLUB PAYMENT OF PORTION OF CLUB EVENTS (ie: Christmas Party, Summer Clambake, etc.)**

**MEMBER #1:** \_\_\_\_\_ **DAY/MONTH BIRTHDAY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**MEMBER #2:** \_\_\_\_\_ **DAY/MONTH BIRTHDAY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**ARE YOU A MEMBER OF THE NATIONAL CORVETTE MUSEUM (NCM) ? Yes\_\_\_\_\_ No\_\_\_\_\_**

**MAILING ADDRESS:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**CITY/TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CORVETTE YEAR:** \_\_\_\_\_ **COUPE:** \_\_\_\_\_ **CONVERTIBLE:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_

**PLATE #:** \_\_\_\_\_

**CORVETTE YEAR:** \_\_\_\_\_ **COUPE:** \_\_\_\_\_ **CONVERTIBLE:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_

**PLATE #:** \_\_\_\_\_

**CORVETTE YEAR:** \_\_\_\_\_ **COUPE:** \_\_\_\_\_ **CONVERTIBLE:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_

**PLATE #:** \_\_\_\_\_

**OF RISK AND HOLD HARMLESS AGREEMENT:**

I hereby acknowledge that I have voluntarily chosen to participate in the activities of the Cape Cod Corvette Club. I recognize that the activities involve risk of injury and I agree to accept any and all risks associated with them, including but not limited to property damage or loss, minor bodily injury, severe bodily injury and death. Furthermore, I recognize that participation in the Club activities involves activities and risks incidental thereto, including but not limited to, travel to and from meetings, Club events, Club cruises, Club classes, Club car shows, and the possible reckless conduct of other participants. I am voluntarily participating in the activities with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, bodily injury, or death. In consideration of my participation in the activities and to the fullest extent permitted by law, I agree to indemnify, defend and hold the Cape Cod Corvette Club, its officers, directors, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my participation in activities. "Claim" as used in the agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting there from. In addition, I hereby voluntarily hold harmless the Cape Cod Corvette Club, its officers, directors, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by me, my family, my estate, heirs or assigns. I also understand that the Cape Cod Corvette Club does not provide any medical or dental insurance or life insurance to cover bodily injury, illness or death, nor insurance for personal property damage or loss, nor insurance for liability arising out of my negligent acts or omissions; and I acknowledge that I am completely responsible for my own insurance to cover these expenses. I further understand that this acknowledgement of risk and hold harmless agreement is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect. I AGREE THAT THIS ACKNOWLEDGEMENT OF RISK AND HOLD HARMLESS AGREEMENT IS EFFECTIVE FOR AS LONG AS I AM A MEMBER OF THE CAPE COD CORVETTE CLUB.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT / PRINTED NAME** **DATE:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT / PRINTED NAME** **DATE:** \_\_\_\_\_