VIKINGLAND CORVETTE CLUB MEMBERSHIP 2026

Primary: _____ Birthday M/D ____/_____

Spouse/Companion: _____Birthday M/D____/_____

Street Address: _____

City: _____ State _____ Zip Code _____

Primary Member Cell Phone: _____

Spouse/Companion Cell Phone: _____

Other Telephone no (Home/Work) _____

Primary Email _____

Spouse/Companion email (if you wish to receive club communications):_____

RELEASE: I (we) hereby give permission to use photos/videos for promoting the Vikingland Corvette Club and to give contact information to other club members.

Signature(s) _____

Membership Dues for current year:

_____ $30.00 Single Membership

_____ $45.00 Couples

Year(s) & C Series, Coupe/Convertible, Color, Model and any additional information about your Corvette(s).

_____

_____

_____

Mail completed form with payment to Vikingland Corvette Club- PO Box 535 Alexandria MN 5630830