

Please return this form by any of the methods below:

- 1. Hand the form to a Board member
- 2. Scan or take a picture of it and email it to chips@siouxfallscorvetteclub.com
- 3. Mail it to SFCC, P.O. Box 90, Sioux Falls, SD 57101
- 4. Submit on-line and mail a check to the address shown above

Application Date:	/	/20

By filling out this application, you are giving the Sioux Falls Corvette Club permission to add your information to our password protected, Members-Only, on-line photo directory (we call it the Buzz Book).

## IF YOU DO NOT WISH TO BE LISTED IN THE ON-LINE MEMBERSHIP DIRECTORY BUZZBOOK) CHECK THIS BOX:

If you wish to not include select information in the directory, please check the box next to the information you wish to exclude.

	🗌 New	□ New Member					□ Returning Member								
Name:															
□ Email:															
□ Cell Phone N	Number:														
□ Significant C															
□ Email: _															
□ Cell Phone N															
□ Address:															
Corvette(s): Year:	Style:						(	Colo	r:						
			Color: Color:												
Tell us a little b	oit about you	self.	(ki	ids,	grar	dkid	ls, w	ork,	hob	bies	, etc	)			
Membership Tyj		uble S							-		-				issues)
Please note that the November	ne yearly dues ca er banquet, but d														