

Northern Ohio Chevelle Club Membership Form

PLEASE PRINT

Name:	Spouse/Partner Name	
Address:		
City:	State	Zip:
Home Phone:	Cell Phone:	
Spouse/Partner Cell Phone		
Your E-Mail:		
Spouse/Partner E-Mail: to receive a copy of the	ne newsletter	
Your Birthday: month/day/year		
Spouse/Partner Birthday: month/day/year		
Anniversary: month/day/year		
CAR INFO:		
Year: Model:	Color:	
Engine:Transm	ission:	
Special Features:		
Do you own other cars?		
Other clubs you belong to:		
Complete form and Return with your check	k in U.S. Funds only to NOCC f	or \$25.00
Mail to: NOCC, c/o Patricia Umstead, 2160	66 North Park Drive, Fairview l	Park, Oh 44126