



West Michigan Corvair Club Application:

Name: _____

Address: _____

City, State, Zip: _____

Year, Model of Corvair: _____

Phone Number: _____

Email Address: _____

Birthday: _____

Spouse and Children's Names/Birthdays:

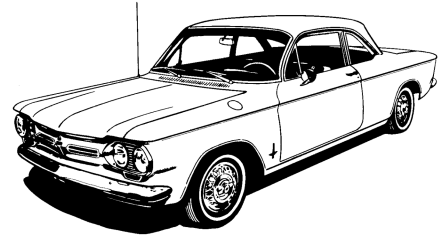
1. _____

2. _____

3. _____

4. _____

Anniversary Date: _____



Please mail this form, along
with a check for \$18.00 to:

West Michigan Corvair Club
7769 Burlingame Ave. SW
Byron Center, MI 49315