



# Heart of Ohio Chapter - NCRS

## CHAPTER MEMBERSHIP REGISTRATION

First Name: \_\_\_\_\_ M.I: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ M.I: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

National NCRS Number: \_\_\_\_\_

Corvettes Owned:

Year: \_\_\_\_\_ Body: \_\_\_\_\_ Color: \_\_\_\_\_ HP: \_\_\_\_\_

Year: \_\_\_\_\_ Body: \_\_\_\_\_ Color: \_\_\_\_\_ HP: \_\_\_\_\_

Year: \_\_\_\_\_ Body: \_\_\_\_\_ Color: \_\_\_\_\_ HP: \_\_\_\_\_

Year: \_\_\_\_\_ Body: \_\_\_\_\_ Color: \_\_\_\_\_ HP: \_\_\_\_\_

Year: \_\_\_\_\_ Body: \_\_\_\_\_ Color: \_\_\_\_\_ HP: \_\_\_\_\_

Complete this form and enclose check or money order in the amount of \$20.00,  
made payable to "**Heart of Ohio Chapter – NCRS**"

Send the completed form to:

**Pam Matejovic**  
**1003 Urana Ave**  
**Columbus, OH. 43224**