

# ILLINOIS CHAPTER NCRS – MEMBERSHIP FORM

Please complete this form and forward it with  
Your remittance in the proper amount to:

**ILNCRS**  
**P.O. Box 811**  
**Itasca, IL 60143**

**Please make all funds payable to:**  
**“ILLINOIS CHAPTER NCRS” OR “ILNCRS”**

**DUES:** \_\_\_\_\_ \$20 1 Year  
\_\_\_\_\_ \$38 2 Years  
\_\_\_\_\_ \$54 3 Years

NATIONAL NCRS MEMBERSHIP NUMBER \*: \_\_\_\_\_

(\*NOTE: You must be a National NCRS member to be a member of the ILNCRS)

NAME: \_\_\_\_\_

NAME (SPOUSE/COMPANION): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP +4: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

YEAR(S) CORVETTE(S) CURRENTLY OWNED: \_\_\_\_\_

YEAR(S) CORVETTE(S) PREVIOUSLY OWNED: \_\_\_\_\_

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FOR OFFICE USE ONLY

New: \_\_\_\_\_ Renewal \_\_\_\_\_

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Check/Cash: \_\_\_\_\_ Received By: \_\_\_\_\_  
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**FOR THE RESTORATION  
AND PRESERVATION OF CORVETTES**