



NEW MEMBER APPLICATION

Name: _____ Spouse: _____

(Please Print Clearly)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

(Email used for electronic NEOCC Newsletter and special club notices.)

Birthday (m/d/y): _____

Camaro Details: Year _____ Model: _____

Color: _____

Features: _____

How did you hear about NEOCC: _____

Membership dues are \$15.00 for the first year, \$10.00 per year thereafter. Make check payable to and mail to:

NEOCC
PO Box 1094
Ravenna, OH 44266

For more information, contact:

Morgan Iorio: Club President (330) 730-3348

Club Email: neocinfo@gmail.com

For Membership Secretary Records Only

Join-M/Y _____ # _____ R _____ D _____ E _____ M _____ OL _____