| Date: | | |
|---------------------|-------|--|
| Dues: \$40 per year | | |
| Name: | | |
| Spouse: | | |
| Address: | | |
| City: | Texas | |
| Zip: | | |
| Email: | | |
| Email: | | |
| Home Phone () | | |
| Work Phone () | | |
| Cell Phone () | | |
| Cell Phone () | | |
| Birth Date (yours) | | |
| Birth Date (spouse) | | |
| Signature | | |



YOUR CORVETTE

| Year | C olor | Туре |
|------|--------|------|
| Year | Color | Туре |
| Year | Color | Туре |

SPONSORED BY

Please include pictures of your car(s) and a photo of yourself (with your spouse, if desired) for our Membership Directory. Digital files can be sent to: cdiane1957@aol.com

Thank you.

Please complete this application, sign and mail to: Corvette Legends of Texas P. O. Box 260316, Plano, Texas 75026

Website: www.vettelegends.com

