DATE: _____

MEMBERSHIP APPLICATION

NAME: _____ BIRTHDAY: _____

JOINT MEMBER NAME: _____ BIRTHDAY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (HOME): (___) ___-____ (WORK): (___) ___-____ EMAIL ADDRESS: _____

EMPLOYEEMENT: SELF: _____ SPOUSE: _____

ANNIVERSARY: _____

CHILDREN / BDAYS: _____

_____

DESCRIPTION OF CORVETTE(S) (I.E. YEAR, COUPE/CONVERTIBLE/ZO6, INT/EXT COLOR, MODS, ETC.):

_____

_____

_____

CHECK ALL THAT IS OF INTEREST: ☐ SOCIALS ☐ RALLIES ☐ CONCOURS (CAR SHOWS) ☐ DRAGS ☐ AUTOCROSS/KHANA

OTHER HOBBIES, INTERESTS OR TALENTS: _____

_____

HAVE YOU BEEN OR ARE YOU A MEMBER OF ANOTHER AUTO OR CORVETTE CLUB? _____

IF SO, WHICH CLUB AND WHERE? _____

_____

HOW DID YOU FIND OUT ABOUT COWTOWN VETTES? _____

_____

---------- BELOW TO BE COMPLETED BY CTV MEMBERSHIP COMMITTEE ----------

CANDIDATES MUST ATTEND 3 CTV FUNCTIONS TO BE ELIGIBLE FOR MEMBERSHIP PLUS MEMBERSHIP DUES (i.e. 2 MEETINGS AND 1 EVENT / SOCIAL)

MEETINGS ATTENDED: _____

EVENTS/SOCIALS ATTENDED: _____

DATE VOTED IN AS NEW MEMBER: _____

---------- COMPLETED AFTER BEING VOTED IN BY THE MEMBERSHIP ----------

I AGREE TO COMPLY WITH THE REQUIREMENTS OF THE CONSTITUTION, BYLAWS AND REGULATIONS ADOPTED BY THE MEMBERSHIP OF COWTOWN VETTES, INC., WITH THE FULL KNOWLEDGE OF THE RESPONSIBLIITIES ACCOMPANYING MEMBERSHIP.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Form: CTVM-01-030904