

Date: _____

Dues: **\$35.00 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

<i>Year</i>	<i>Color</i>	<i>Type</i>

SPONSORED BY

Please include pictures of your car(s) and a photo of yourself (and your spouse, if desired) for our Membership Directory. Digital files can be sent to: VetteLegends65@earthlink.net. 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

