



Membership Enrollment / Renewal

Date ___/___/_____

Amarillo Area Corvette Club
P.O. Box 2201
Amarillo, TX 79105-2201

Date: _____

Name: _____ Birth Date: _____ / _____ Month / Day

E-Mail: _____ Cell Phone: _____

Spouse: _____ Birth Date: _____ / _____ Month / Day

E-Mail: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

**May we publish your phone number & e-mail to the general membership? Phone Yes () No ()
E-mail Yes () No ()**

Corvette 1) Year: _____ Color: _____ Engine: _____ Model: _____ License # _____

Corvette 2) Year: _____ Color: _____ Engine: _____ Model: _____ License # _____

If you have more than 2 Corvettes, list here: _____

Membership dues: \$25 Single \$50.00 couples a year. Make checks to: **Amarillo Area Corvette Club** or **AACC**

Date Paid _____ Check # _____

Waiver: I hereby release the AMARILLO AREA CORVETTE CLUB, their membership and representatives, from any and all liabilities and claims occasioned or resulting from and during membership. I hereby state that the insurance on my Corvette is in force.

Date _____ Signature: _____

Spouse: _____

If you are a new member how did you hear about us? _____