



CEN-TEX CORVETTE CLUB, INC.

P.O. BOX 21801
WACO, TEXAS 76702

MEMBERSHIP APPLICATION FORM



Date _____

Name _____ Birth Date _____

Spouse _____ Birth Date _____

Permanent Address _____ Home Phone _____

Mailing Address _____ Work Phone _____

City _____ State _____ Zip Code _____

Type of Corvette

Year Corvette _____ Body Style _____ Color _____

Year Corvette _____ Body Style _____ Color _____

Year Corvette _____ Body Style _____ Color _____

Year Corvette _____ Body Style _____ Color _____

I hereby agree, as a condition of my membership in the CEN-TEX CORVETTE CLUB, Waco, Texas, that I am joining this club for my own pleasure and will be fully responsible for my actions at all times. I release the CEN-TEX CORVETTE CLUB, Waco, Texas, of all liability whatsoever, and their assignees, officers, officials, heirs, and all others connected with the club heretofore.

Applicant's Signature _____ Date _____

President's Signature _____ Date _____

Club Use Only

Membership Status: Regular _____ Honorary _____

Visited _____