



Amarillo Area Corvette Club



Membership: (Check One) New Enrollment Renewal

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 two Corvettes, list here: _____

Membership dues: \$50 (\$25 unmarried) per year. Make checks to: **Amarillo Corvette Club or AACC**

Date Paid: _____ Cash or 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? _____
