

MEMBERSHIP APPLICATION

(You may type or neatly print on this application)

Name:								
Address:			***					
City/State:		***		Zip:	_	· Maria Araba A		
Phone:				Cellu	ılar: _			
Email:	Birthday:							
Shirt Size:	(circle/bold one)	S	М	L	XL	XXL	XXL	
Spouse:		Birthday:						
Shirt Size:	(circle/bold one)	·S	М	L	XL	XXL	XXL	
Your Corvette								
Color:				Year	•			

Thank you for submitting your application to be a member of Vette Masters of Florida Corvette Club.

Email: <u>vettemastersoffl@bellsouth.net</u> • Website: <u>www.vettemastersofflorida.com</u>
11117 Aristides Way • Jacksonville, FL 32218

Club Meetings are held the 4th Saturday of each month (except Nov & Dec) Monthly Dues are \$30.00; \$360.00 annually