



**MEMBERSHIP APPLICATION
WICHITA COUNTY CORVETTE ASSOCIATION
P.O. BOX 862
WICHITA FALLS, TX 76307
<http://www.wccatx.com>**

Name _____ Home Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Member

Spouse

First Name _____ / _____

Birthday (Mo/Day) _____ / _____

Employer _____ / _____

Cell Phone _____ / _____

Business Phone _____ / _____

Email _____ / _____

Corvettes currently owned (color/yr model/body style)

(1) _____ (2) _____ (3) _____

ANNUAL MEMBERSHIP DUES: Single \$24.00 Spousal \$30.00

THE WICHITA COUNTY CORVETTE ASSOCIATION, ITS OFFICERS, MEMBERS, FAMILIES, AND SPONSORS ARE NOT RESPONSIBLE FOR ANY INJURIES, ANY OTHER LOSS, FINANCIAL, OR OTHERWISE, DUE TO ACCIDENTS.

Date: _____ Signature(s) _____
