



Phantom Vettes Inc. Membership Application

Primary: _____
Last First Middle Name

Spouse: _____
Last First Middle Name

Primary DOB _____ / _____ Spouse DOB _____ / _____
Day Month. Day Month

Address: _____
City State Zip

Primary Phone _____ Email _____

Spouse Phone _____ Email _____

Corvette Information

Year _____	Coupe	Convertible	Grandsport
	Fixed Roof	Z06	ZR1

_____ Check if are you joining as an Associate member (Non-Corvette owner).

Primary Signature _____ Date _____

Spouse Signature _____ Date _____

Club dues are required to be paid in January every year.

Dues are \$25 for single members or \$35 for a married couple.

Dues are not pro-rated if joining after the month of January.

Once the application is submitted, it will be voted upon by the membership.

Summit this application to the President, Vice President or any Board Member or mail to the address below.

Phantom Vettes Inc.
217 Nogal Pl.
El Paso, Texas 79915