Corvette Club of Arizona Legacy Membership Application

Applicant Name

Date

2nd Applicant Name

I/We wish to apply for Legacy Membership in accordance with 2.c of the ByLaws for Membership.

- ☐ Effective Immediately
- ☐ At the beginning of the next year

☐ I/We are a current Member(s) Date Joined:_____

☐ I/We are former Member(s) Date Joined: _____

Date Left: _____

Former Member(s) submit with completed page 1 of CCA Member Application.

Please forward to Membership Chair to present to the next Board of Directors Meeting for approval.

Board of Directors Use Only

Approved by Board of Directors

- ☐ Yes
- ☐ No

_____/_____

Secretary Date