

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 Membership Application. Please forward both applications along with a clear digital photo of the applicant(s) to the Membership Chair to be presented at the next Board of Directors Meeting for approval.

Board of Directors Use Only

Approved by Board of Directors

- ☐ Yes
- ☐ No

_____/_____
Membership Chair Date