



G-Burg Vettes

Membership Application

Member Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____

Email: _____

Birth Mo/Day: (for office use only) ____/____

(Complete the section below only if spouse is joining.)

Spouse: _____

Phone: (H) _____ (C) _____

Email: _____

Birth Mo/Day: (for office use only) ____/____

Automobile Information

Year: _____

Configuration: (Coupe/Conv) _____

Color: _____

Options: _____

Additional Information

Email completed application to: membership@gburgvettes.org