



# G-Burg Vettes Membership Application

## Member Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Automobile Information

Year: \_\_\_\_\_

Configuration: (Coupe/Conv) \_\_\_\_\_

Color: \_\_\_\_\_

Options: \_\_\_\_\_

## Additional Information

\_\_\_\_\_  
\_\_\_\_\_

Complete Application and send to :

G-Burg Vettes  
Membership  
P.O. Box 3712  
Gaithersburg, Maryland 20879