



Long Island Vettes® Membership Application

Prior to mailing in your membership application, we invite you to take a look at our website (address below) and to attend at least one of our general meetings and/or events to meet the people behind the name.

Date: _____

Check Number: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Car Year(s): _____ T- Shirt size: _____

Birth Month/Day: _____

Referred by: _____

Dues for membership are \$45.00 per member per year.
Membership renews on month of sign-up, **not** calendar year.
Membership subject to Board approval.
Please make check payable to: Long Island Vettes
Please mail your application and check to:

Membership Secretary | Long Island Vettes | P.O. Box 63 | Levittown, NY 11756

Please allow us adequate time for processing the application.

www.longislandvettes.org

