



Vintage Car Club of Castle Rock
PO Box 1711
Castle Rock, CO 80104

Vintage Car Club Membership Application

For Member _____

For Associate Member _____

Please Print:

LAST NAME: _____

FIRST NAME: _____

SPOUSE NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

E-MAIL: _____ PHONE (H) _____

PHONE (C) _____

*MAKE: _____ *MODEL: _____ *YEAR: _____

*MAKE: _____ *MODEL: _____ *YEAR: _____

*MAKE: _____ *MODEL: _____ *YEAR: _____

Member annual dues are \$25.00 \$15.00 for new members joining between July - October
Associate member annual dues are \$10.00 \$ 5.00 if joining between July - October

Note: New Membership and renewals is closed during the period of 1 November through 31 December.

Note: The official VCC club method of notification to membership is via e-mail.

Please sign and date this form, include a check in the appropriate amount and mail to:
Vintage Car Club
PO Box 1711
Castle Rock, CO 80104

I submit this completed form for membership. All personal information will be excluded from the Club's Membership Directory with the exception of your name, email address, and vehicle(s) owned.

Signature _____ Date ___/___/___

* Not required on associate membership if already provided by member