



Vintage Car Club Membership Application

For Member _____

For Associate Member _____

Please Print:

LAST NAME: _____

FIRST NAME: _____

SPOUSES NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

E-MAIL: _____ PHONE (H) _____

PHONE (C) _____

*MAKE: _____ *MODEL: _____

*YEAR: _____ ** INFORMATION ON YOUR CAR

Member annual dues are \$25.00 \$15.00 for new members joining in June
Associate member annual dues are \$10.00 \$5.00 if joining in June
Note: The official VCC club method of notification to membership is via e-mail

Please sign and date this form, include a check and mail to:
Vintage Car Club
PO Box 1711
Castle Rock, Co 80104

I submit this completed form for membership. If you wish to not include any or all personal information for distribution to the VCC members, place an "X" in the data option you wish excluded from the Roster.

___ E-Mail Address ___ Mailing Address ___ Phone Number ___ Spouse Name

Signature _____ Date ___/___/___

* Not required on associate membership if already provided by member
** Optional information