



## 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

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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 414 Wilcox St,  
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