



VCCA MEMBERSHIP APPLICATION

Name _____ Birthday _____

Address _____

_____ Zip Code _____

E-Mail Address _____

Telephone # _____ Cell # _____

Spouse's Name _____ Birthday _____

Spouse's E- Mail Address _____

Spouse's Cell # _____ Anniversary _____

CAR INFORMATION

Year _____ Type _____ (Coupe, Convertible) Color _____

Year _____ Type _____ (Coupe, Convertible) Color _____

VCCA DUES

\$30.00 New Primary Member \$ _____ T-Shirt Size _____

\$30.00 Spouse/Dependent \$ _____ T- Shirt Size _____

\$20.00 Renewal Member \$ _____

COMPLETE THIS FORM, MAKE CHECKS PAYABLE TO VCCA, AND BRING TO THE NEXT SCHEDULED MEMBERSHIP MEETING. IF YOU ARE MAILING BEFORE THAT DATE, SEND TO:

VCCA

PO BOX 2004

DELAND, FL 32721

Question?

President: Jim Moss, President@VolusiaCorvettes.com

Membership Director: Lou LaRusso, Membership@VolusiaCorvettes.com