



Valley Collector Car Club

## MEMBERSHIP APPLICATION FORM

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### CAR INFORMATION (1-2)

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Make/ Model: \_\_\_\_\_

Body Style: \_\_\_\_\_ Engine \_\_\_\_\_ Body Style: \_\_\_\_\_ Engine: \_\_\_\_\_

### CAR INFORMATION (3-4)

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Make/ Model: \_\_\_\_\_

Body Style: \_\_\_\_\_ Engine \_\_\_\_\_ Body Style: \_\_\_\_\_ Engine: \_\_\_\_\_

Add any additional cars on the back of this form.

### MEMBERSHIP DUES

**US \$ 30.00**

Make money orders or checks payable to Valley Collector Car Club, Inc.

**Mail to:**

**Valley Collector Car Club  
PO Box 25  
Tariffville, CT 06081**