



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**