MEMBERSHIP FORM

READ THIS FIRST

We take your personal information seriously. A membership roster will be made available to all members of the club. The membership roster will only contain the information that you authorize (by checking the appropriate blocks below). At a minimum the roster will always contain the names of our members and the vehicles they own. Use the check boxes below to let us know what information you feel comfortable sharing with other members of the club.

YOUR INFORMATION

NAME: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ ☐ N/A

CELL PHONE: _____ ☐ N/A

LANDLINE PHONE: _____ ☐ N/A

Can we share your:	YES	NO
Street Address?	☐	☐
City/State?	☐	☐
Email Address?	☐	☐
Cell Phone Number?	☐	☐
Landline Number?	☐	☐

BIRTHDAY MONTH & YEAR: _____ *(Optional. For birthday recognition only.)*

NEWSLETTER DELIVERY *(check one)* ☐ USPS (printed) ☐ EMAIL (PDF format)

PREFERRED COMMUNICATION *(check one)* ☐ CALL CELL PHONE ☐ CALL LANDLINE ☐ EMAIL

YOUR VEHICLES

YEAR	MAKE	MODEL	BODY STYLE	COLOR	STOCK	MODIFIED

If more space is needed to list your vehicles, please use a plain sheet of paper and attach it to this form.

Applicant's Signature

X_____

Dues are $25 annually. *By signing this form, you are requesting membership in the Historical Vintage Car Club of Delaware. You will be notified of quarterly meetings of the membership. All members are encouraged to attend.*

You can return your application to a Club Officer at any club function along with your check or money order made payable to **HVCCDE**

Or mail your application to:

HVCCDE, Attn. Membership
933 N. DuPont Blvd, PMB#136
Milford, DE 19963

OFFICE USE ONLY

___ New Member ___ Renewal Member #: _____

Date PD: _____ Check # or Other Payment Type: _____