MEMBERSHIP FORM

TO HONOR AND PRESERVE ALL MOTOR CARS — ANTIQUE • CLASSIC • VINTAGE • MODERN

READ THIS FIRST

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

JOIN ONLINE

YOUR INFORMATION

NAME: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: DE 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?	☐	☐

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

PREFERRED COMMUNICATION *(check one)*
In the event that a major event is cancelled, a meeting is cancelled, or information needs to be sent to the membership rapidly.

☐ TEXT CELL PHONE ☐ 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 $20.00 annually. By signing this form, you are requesting membership in the Historical Vintage Car Club of Delaware. Members will be provided with a schedule of monthly club meetings to be held at Milford Bowling Lanes, 809 N. Dupont Highway, Milford, DE 19963. All members are encouraged to attend!

Vist https://www.hvccde.com for more information.

RETURN YOUR APPLICATION TO A CLUB OFFICER AT ANY OFFICIAL CLUB FUNCTION ALONG WITH YOUR CHECK OR MONEY ORDER 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 ☐ CONTINUING MEMBER	MEMBERSHIP RENEWALS *Members must complete a new form after third renewal to re-validate information.*		
MEMBER # :	RENEWAL 1	RENEWAL 2	RENEWAL 3
DATE PD:	DATE PD:		
AMOUNT:	AMOUNT:		
PMT TYPE:	PMT TYPE:		