



THE VINTAGE CHEVROLET CLUB OF AMERICA INC.

San Diego Region



APPLICATION FOR MEMBERSHIP

Name _____ Birthdate _____
 Spouse _____ Anniversary _____
 Address _____ Unit No. _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Cell (Member) _____ Cell (Spouse) _____
 Email (Member) _____ Email (Spouse) _____

Are you a member of the National Vintage Chevrolet club? YES NO

If YES: Your membership number: _____ **If NO:** It is a prerequisite for becoming a member of a local region. Yearly dues for National Membership are listed below and are forwarded to the National Organization. Dues for San Diego Region membership is \$20.00 per year.

SAN DIEGO REGION DUES.....\$ 20.00 per year

NATIONAL DUES RENEWAL NEW

Digital Membership (Member, Spouse & Children), two votes \$ 25.00 per year

Periodical Membership (Member, Spouse & Children), two votes \$ 40.00 per year

TOTAL ENCLOSED\$ _____

NOTE: FOR INSURANCE PURPOSES ALL REGION MEMBERS MUST JOIN NATIONAL IN ORDER TO JOIN THE REGION. If you send the San Diego Region your national dues, we will send them on to National.

REGION: All members receive information on upcoming events and tours.

NATIONAL: All new members will receive a club badge, decal, membership card and the national magazine, Generator & Distributor. Members are entitled to free classified advertising in the club magazine and participation in Vintage Chevrolet Club activities. Members are entitled to free classified advertising, access to member-only website features, and participation in all VCCA activities. Chevrolet ownership is not a requirement for membership. Dues are non-refundable.

The purpose of the VCCA is to promote interest in the preservation and restoration of vintage Chevrolets.

If you presently own a Chevrolet, please fill in below.

Year	Model	Body Style	Cyl.	Condition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Recruited by (VCCA member recruiting optional) _____ VCCA # _____

FOR CLUB USE ONLY

Paid \$ _____ Check/Cash
 Date Paid _____
 Region Membership Number _____

Return complete form and mail with dues to:
SAN DIEGO REGION VCCA – Attn: Betty Blaisdell
 2981 La Posta Circle East, Pine Valley, CA 91962

X _____
Applicant's Signature