

VINTAGE DRIVERS CLUB OF AMERICA  
**MEMBERSHIP APPLICATION**

Name \_\_\_\_\_ Nickname \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Fax \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

I wish to apply for driver / supporting membership (circle one)

\*Licensed by \_\_\_\_\_ Expiration date \_\_\_\_\_

Medical expires \_\_\_\_\_ Please send us a copy of your current medical for our files.

Have you had a racing accident in the last 5 years? \_\_\_\_\_ If so explain \_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

To join the VDCA please enclose a check for **\$50**.

\*Enclose a photo copy of your current credentials

Mail to VDCA, 13505 Running Water Rd., Palm Beach Gardens, FL 33418