

VINTAGE DRIVERS CLUB OF AMERICA

MEMBERSHIP APPLICATION

Name _____ Nickname _____ DOB _____

Address _____

City _____ State _____ Zip _____ Country _____

Day phone _____ Evening phone _____

Cell _____ Fax _____ E-Mail _____

Spouse or Emergency Notification: _____ Phone: _____

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

*Licensed by _____ Membership # _____

Expiration date _____

Medical expires _____

Please send us a photocopy of your competition credential and 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 **\$75**.

*Enclose a photo copy of your current credentials

Mail to VDCA, 13505 Running Water Rd., Palm Beach Gardens, FL 33418-7933