

**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 **\$100**.

\*Enclose a photo copy of your current credentials

Mail to Christine Nettleship, Registrar, VDCA, 2858 Pine Bloom Way, Leland, NC 28451