

VINTAGE DRIVERS CLUB OF AMERICA
MEMBERSHIP APPLICATION

Name _____ Nickname _____ DOB _____

Address _____

City _____ State _____ Zip _____ Country _____

Day phone _____ Evening phone _____

Cell _____ 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 e-mail us a scan or 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 use our convenient on-line registration at MotorsportReg.com/VDCA.

Then scan and email the VDCA Registrar at VDCACHristine@gmail.com to send your racing license credential information.

If mailing, scan or photocopy this form and enclose a check for **\$100**.
Mail to Christine Nettleship, Registrar, VDCA, 2858 Pine Bloom Way, Leland, NC 28451

*Enclose a photo copy of your current racing credentials