



Join CCDV
Click to sign up



Membership Application

Applicants Name: _____

Spouses Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Spouse: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Occupation: _____

Corvette(s) : Year _____ Color: _____ Coupe Conv. Hard Top

Year _____ Color: _____ Coupe Conv. Hard Top

Other Corvette Clubs or Car Affiliations: _____

Title Number: _____ Vin Number: _____

Why would you like to be a member of the CCDV? _____

Applicants Signature: _____ Date: ___/___/___

Return this Application Along With a \$50.00 Check for an Individual or \$60.00 Check for a Spousal Membership To:

C.C.D.V. P.O. Box 397 Willow Grove, Pa 19090