



**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