



Corvette Club of Delaware Valley
Membership Application

Applicants Name _____ Date of Birth _____

Spouses Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____ Work _____

E-Mail _____

Would you prefer to receive the Club newsletter by E-Mail ____ or Regular Mail ____

Occupation _____

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

Year _____ Color: _____ Coupe / Conv. / Hard Top

(If you need more room for your vehicle list or for comments please use the reverse side of form)

Title Number _____ VIN Number _____

Other Corvette Clubs, Car Affiliations or Hobbies:

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

Applicants Signature: _____ Date: ____/____/____

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

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

Phone - 215/938-7722