**Corvette Club of Delaware Valley**

P.O. Box 397, Willow Grove, PA 19090

Phone: (215) 938-7722

Email: [info@ccdv.com](mailto:info@ccdv.com)

Website: www.ccdv.com

Single Membership ($50/Yr) \_\_\_\_ (1st year) after July 1 ($30/Yr)\_\_\_\_\_\_

Couples Membership ($60/Yr) \_\_\_\_ (1st year) after July 1($40/Yr)\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY): Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_+ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (this is how we stay in touch): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred to club by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Corvette(s): **Please include a Photo of you and the car.** Check her if you want to add the pic to the CCDV calendar.

Year: \_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coupe Convertible Model (Z06, LT1 etc)\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coupe Convertible Model \_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coupe Convertible Model\_\_\_\_\_\_\_\_\_\_\_

Why would you like to be a member of the Corvette Club of Delaware Valley?

Would you be willing to volunteer in some capacity to help the club? Yes \_\_\_\_ No \_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Return this application along with your payment ($50 Single Membership or $60 Couples Membership) to:

**CCDV Membership, P.O. Box 397, Willow Grove, PA 19090** [www.ccdv.com/join-ccdv](http://www.ccdv.com/join-ccdv)Rev 6-17-24