

VINTAGE DRIVERS CLUB OF AMERICA (VDCA)

MEMBERSHIP APPLICATION

Name _____ Nickname _____ DOB _____

Address _____

City _____ State _____ Zip _____ Country _____

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 send us a 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 enclose a check for **\$100** (if you are not using MSR).

**Enclose a photocopy of your current credentials or email Christine
VDCACHristine@gmail.com*

Mail check to:

Christine Nettleship, Registrar VDCA, 2858 Pine Bloom Way, Leland, NC, 28451