



Membership # \_\_\_\_\_  
(to be completed by Admin)



## GULF COAST REGION MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

VCCA Member # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please check if you are willing to share your personal contact information with other Gulf Coast VCCA region members.

Address  YES  NO

Phone  YES  NO

\*Birthday  YES  NO

E-Mail  YES  NO

\*For Use In Newsletter

### CAR INFORMATION (use back of form for additional vehicles)

Year/Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Year/Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

### GULF COAST REGION DUES

Membership Year \_\_\_\_\_

Please check appropriate box below:

(to be completed by Admin)

New Member  \$10.00  \$20.00 (if requesting correspondence by mail)

Member Renewal  \$20.00  \$30.00 (if requesting correspondence by mail)

**COMPLETE THIS FORM, MAKE CHECKS PAYABLE TO GULF COAST REGION VCCA - EITHER BRING TO THE NEXT SCHEDULED MEMBERSHIP MEETING OR SUBMIT BY MAIL. IF YOU ARE MAILING, SEND TO:**

**Gulf Coast Region VCCA  
Debbie Kroeger, Secretary/Treasurer  
3041 Spring Oak Ave  
Palm Harbor, FL 34684**

Dues not received by December 31<sup>st</sup> of the current year will result in being dropped from the roster for the following year.

03/24/24