

The Vintage Motor Car Club of America

Free First Time One Year Membershipfor Active Military and Veterans

(who have not been a VMCCA Member previously)

The Touring Club WWW.VMCCA.ORG

Date:_____

Full Name	
Spouse or Significant Other's Name:	
Street Address:	
City, State, Zip:	
Home Phone:e-mail:	
Cell Phone:	
VMCCA Region: VMCCA Chapter	
Military Branch:	
Dates of Service:	
Era of interest (check one or all): □ 1&2 Cylinder, □ Brass, □ Nickel, □ Chrome, □ Muscle	Cars
Antique or Vintage vehicles you currently own (Optional): Year, Make, Body Style, and Color	
☐ Check here if you DO NOT want your name published in any VMCCA printed directori	ies.
Send this form to:	
VMCCA Secretary	
7501 Manchester Ave	
Kansas City, MO 64138	