

VIRGINIA CHEVY LOVERS LTD.

Application for Membership

Name _____ Ph# _____ Date _____

Address _____ City _____ State _____

Zip _____ Occupation _____ Age _____

Marital Status _____ Spouses Name _____

Children's Names & Ages _____

Classic Chevy Club Member Number _____ (If a member) E-mail Address _____

Chevy Info:			
Year _____	Series _____	Model _____	Original _____
Restored _____	Modified _____	Custom _____	Engine _____
Transmission _____	Other Information _____		

Enclose: Club dues prorated at \$2 per month, payable through December. (\$20/yr if paid January through December)
Make Checks payable to: Virginia Chevy Lovers or VCL

Referred by (optional) _____

Signed _____

Mail to: **John Gancel, Treasurer**
828 Trillium Place
Virginia Beach, VA 23464

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