



www.metroccca.org

Membership Application

National CCCA membership required

Welcome to the Metro Region of the Classic Car Club of America.
Please provide the following information.

Member Name: _____

Address: _____

City, State Zip: _____

Home Phone: _____ **Bus. Phone:** _____

Fax: _____ **E-mail:** _____

Associate's Name: _____

Yearly dues are **\$25.00**, which covers all members of a family who are members of the National CCCA

Please list below the Full Classic® cars you own—use the back of form if necessary

<u>Make</u>	<u>Year</u>	<u>Cyl</u>	<u>Model</u>	<u>Body Style</u>	<u>Body builder</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please make check payable to: ***Metro Region CCCA***
and return with completed application to:

**Dennis and Ann Marie Nash
Membership Chairs
391 Stone Gate Drive
Wind Gap, PA 18091**

**Go Metro
Go Classic**

Thank you!