



Capital District Chevrolet Club, Inc.
Membership Application

Date: _____

Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Occupation: _____

Birthday: _____ Spouse Birthday: _____

Vehicle(s) Owned (Restored or Under Restoration with photos):

Willing to participate:

- Monthly Meetings
- Work Parties
- Work at Car Show
- Committees
- Social Activities

Membership:

- Single
- Family

Applicants Signature: _____

CDCC Bylaws require applicant to attend one meeting prior to becoming a member. Dues are \$16.00 for single membership, \$24.00 for family membership and are payable before or during the May meeting. For further information, please contact Membership Chairman:

Pete Battaglia
2499 Oaklawn Avenue
Schenectady, NY 12306
(518) 355-5151