CHIPPEWA VALLEY
MOTOR CAR ASSOCIATION LLC

# Application for "Owner/Operator" membership in the Chippewa Valley Motor Car Association.

**Name**_____

**Street Address** _____

**City** _____ **State** _____ **Zip Code** _____

**Home Phone** _____ **Cell Phone** _____

**E-Mail:** _____

**Number in immediate family living at home** _____

Enclose $150.00 initial check payable to: "Chippewa Valley Motor Car Association". Second and succeeding years will be $100.00 annually, payable prior to May 1st of each year.

**Please mail payment with a copy of this form to:**

Chippewa Valley Motor Car Association
P.O.Box 73
Durand, WI 54736

**Questions e-mail any of the CVMCA Board Members**

**Wisconsin (US) Company CHIPPEWA VALLEY MOTOR CAR ASSOCIATION, LIMITED**. (**Company Number: C044713) 501(c)7 non-profit Organization**
**© Copyright 2025 www.cvmca.info**