



# 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 1<sup>st</sup> 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  
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