



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
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