



Catawba Valley Traffic Club

HEADQUARTERS: P. O. BOX 1015
HICKORY, NORTH CAROLINA 28601

WWW.CVTCHICKORY.COM

CVTC MEMBERSHIP APPLICATION

Please indicate the type of Membership that you desire:

Company Membership \$75.00 _____ Individual Membership \$25.00 _____

Date Paid _____ Amount _____ Check # _____ Cash _____

Received By: _____

If *Corporate* Membership: **Company** _____

If *Individual* Membership: **Name** _____

Mailing Address _____

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

Phone No.(_____) _____ - _____ **Fax No.**(_____) _____ - _____

Email Address _____

Please list yourself and all individuals who wish to receive CVTC mail and check how/where we should send this. We will only send information to the people listed below. *(We prefer to use email or fax)*

Mr/Ms First Mi Last *Please provide address/fax No./Email if different from those listed above!*

_____ Send Mail to: Email fax company
home

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