THE VELOCETTE OWNERS CLUB OF NORTH AMERICA

Fill out the form below and send a check for $35 ($70 if paying for a friend as well) payable to VOCNA and mail to:

Kim Lostroh Young

1695 Dolores Street, SF CA 94110

Membership will not start until payment has been received, thank you.

MY DETAILS

☐ NEW MEMBERSHIP ☐ RENEWAL

Please check one box only

FIRST NAME

LAST NAME

ADDRESS FIRST LINE

ADDRESS SECOND LINE (IF APPLICABLE)

TOWN/CITY

STATE ZIP

COUNTRY (IF OUSIDE US)

EMAIL

PHONE NUMBER (INCLUDING AREA CODE)

VELOCETTE MODEL (OPTIONAL)

YEAR

VELOCETTE MODEL #2 (OPTIONAL)

YEAR

VELOCETTE MODEL #3 (OPTIONAL)

YEAR

MY FRIENDS DETAILS (IF APPLICABLE)

☐ NEW MEMBERSHIP ☐ RENEWAL

Please check one box only

FIRST NAME

LAST NAME

ADDRESS FIRST LINE

ADDRESS SECOND LINE (IF APPLICABLE)

TOWN/CITY

STATE ZIP

COUNTRY (IF OUSIDE US)

EMAIL

PHONE NUMBER (INCLUDING AREA CODE)

VELOCETTE MODEL YOU RIDE/OWN (OPTIONAL)

YEAR

VELOCETTE MODEL #2 YOU RIDE/OWN (OPTIONAL)

YEAR

VELOCETTE MODEL #3 YOU RIDE/OWN (OPTIONAL)

YEAR