

## *Metro Minnies*

Application Form for the Metro Region CCCA, Inc. Junior Metro Members  
(Ages five years old to college age)

Parental and Grand-Parental membership is a prerequisite

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Are parents or grandparents members of Metro Region CCCA, Inc. \_\_\_\_\_

E-mail \_\_\_\_\_

What is your favorite car? \_\_\_\_\_

What questions do you have about CCCA or Classic Cars? \_\_\_\_\_

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If different from above:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Please fill our and mail to:

BarbaraAnna Kefalonitis - 2 LaBarre Road -  
Blairstown,NJ - 07825 Metro Minnies Advisier