

TWIN CITIES VOLKSWAGEN CLUB MEMBERSHIP APPLICATION FORM

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

VW VEHICLES OWNED: _____

NEW MEMBER: ___ RENEWING MEMBER: ___ HEARD ABOUT CLUB FROM: _____

NEWSLETTER PREFERENCE: EMAIL _____ OR HARD COPY _____

DUES ARE \$20.00. PLEASE MAKE YOUR CHECKS PAYABLE TO TCVWC & MAIL TO:

TCVWC, 7656 Newton Ave North, Brooklyn Park, MN 55444

A___ B___ C___ G___ M___