



Date _____

Twin Cities Volkswagen Club Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

(Please print clearly)

Phone # _____

New Member

Renewing Member

How did you hear about the club? _____

VW Vehicles Owned:

Year _____ Model _____

Year _____ Model _____

Year _____ Model _____

Year _____ Model _____

Dues are **\$20.00**. Please make checks payable to **TCVWC** and mail to:

TCVWC
6300 Cedar Lake Rd
St. Louis Park, MN 55416

Membership: twincitiesvwclub@gmail.com

Club info: info@twincitiesvwclub.com