



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
4600 30th Ave S
Minneapolis, MN 55706

Membership: twincitiesvwclub@gmail.com