



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
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Year	Model
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Year	Model
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Year	Model
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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