



Membership Application

Name: _____ Screen Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Cell#: _____ Email Address: _____

Birthday: _____

Spouses Name: _____ Spouses Birthday: _____

Children (1) Name/Birthday: _____

Children (2) Name/Birthday _____

Children (3) Name/Birthday _____

Volkswagens Year and Model: _____

Referred by: (Circle One) Previous Member Website Referral Car Tagged with a business Card

Invited by current member Craigslist Bug-Shack Referral

Overturf Referral Other: _____

Signed: _____ Date: _____

Membership ID # _____

New: Yes No

Renewal: Yes No

Membership Cards Issued: 1 or 2

Initial Dues Received By: _____

**Please Mail To: MCVW Club, PO Box 5124 Pasco, Wa 99302
Please include Self Addressed Stamped Envelop.**