



**Membership Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

VW's Owned:

Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

How did you hear about our club? \_\_\_\_\_

T-Shirt Size (Circle 1)    Small            Med            Large            XL

Please include your check for \$25  
Payable to the **SOUTH FLORIDA VW CLUB** and bring to next meeting  
Or mail to:

Rolf Engelfried, Club Treasurer  
2841 NW 9<sup>th</sup> Ave  
Wilton Manors, FL 33311

**[www.southfloridavwclub.com](http://www.southfloridavwclub.com)**