



# Member Registration Form

**\$20/Single - \$30/Family**

Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please List Your VWs:**

YEAR	MODEL

**Please make checks, money orders, or cashier's checks payable to:  
Red River VW Club**

**Mail Payment and the form to:**

**Red River VW Club  
C/O Brian Bohanna  
4403 10<sup>th</sup> St. West  
West Fargo, ND 58078**