

VOLKSSPORTVEREIN FRIEDRICHBURG (VVF)

MEMBERSHIP APPLICATION

Please print clearly

_____ New Membership

_____ Renewal

_____ \$5 Single

_____ \$8 Couple

_____ \$10 Family

Name _____

Address _____ Apt No _____

City, State & Zip _____

Telephone _____ House or Cell?

E-mail _____

Family Members _____

Amount submitted \$ _____

Make checks payable to VVF, submit to Siba Spencer

215 Crescent Bluff, Lakeway, TX 78734