

# VW CHALLENGE

## 2025 VW CHALLENGE MEMBERSHIP APPLICATION

Email: [treasurer@vwchallenge.co.za](mailto:treasurer@vwchallenge.co.za) and [secretary@vwchallenge.co.za](mailto:secretary@vwchallenge.co.za)

New Application

Renewal of Membership

I \_\_\_\_\_ (full name and surname) of address: \_\_\_\_\_  
\_\_\_\_\_ Code \_\_\_\_\_

and Postal Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_, herewith apply for membership of the VW  
Challenge Association.

Class:      A       B       C       RACE NUMBER \_\_\_\_\_

WORK TEL	CELL NO:	EMAIL:
ID NUMBER	MED AID NAME	:
MEDICAL AID NO:		
EMERGENCY CONTACT NAME	EMERGENCY CELL:	

Membership Fee:      Full member:    R3000.00       Social Member: R750.00

I, \_\_\_\_\_ (full name and surname) undertake to:

- abide by the constitution of the VWC, as amended from time to time,
- abide by the rules and/or regulations and/or specifications of the VWC, as amended from time to time,
- ensure that the vehicle entered and or raced in any race on the official calendar approved or sanctioned by Motorsport SA ("MSA") for the VWC will comply with the technical specifications and/or regulations of the VWC as amended from time to time.
- not bring the VWC and/or MSA and/or the Extreme Festival and/or the Inland Championship and/or any of the VWC sponsors in disrepute in any way.
- not place decals/stickers/signage of any personal competing sponsors (as determined by the VWC committee) within 1 meter of official VWC sponsor signage.
- acknowledge the VWC committee's right to refuse membership for non-compliance with the above.

I understand that non-compliance with any of the above mentioned may result in the VWC and/or MSA imposing sanctions against me, and I undertake to abide by a decision in this regard.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

Signature of applicant: \_\_\_\_\_

### Banking Details:

FNB Randburg

Account No: 6202 2332 887

Branch Code: 254 005

REF: Please use your name as the reference when making payment.

**Please complete the above form & INCLUDE A MEDICAL AID CARD COPY and email it to [treasurer@vwchallenge.co.za](mailto:treasurer@vwchallenge.co.za) & [secretary@vwchallenge.co.za](mailto:secretary@vwchallenge.co.za)**

**NB – MSA will under no circumstances issue licences without proof of club membership.**