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 Hours: M - F: 9:00 am - 5:00 pm CST

Don't forget to enter the membership drive contest by recruiting new members.

To receive referral credit, your name must be written on the "How did you hear about the Audi Club?" line on the application form of the new member
 Great Prizes Await the Winners!

Membership Gift Certificates Now Available!

Gift Membership Information

Gift

Gift Membership For:

Name: _____

PROVIDE MEMBERSHIP INFORMATION FOR GIFT RECIPIENT AT RIGHT

Gift Membership From:

Name: _____

Phone #: _____

Send Gift Membership To:

SAME ADDRESS LISTED UNDER MEMBERSHIP INFORMATION

Or

Name: _____

Address: _____

City: _____

State/Province: _____ Zip Code: _____

Country: _____

Membership Information

Club membership fees are non-refundable.

Please complete all information for our member profile. This information helps us to serve you and your needs.

(PLEASE PRINT CLEARLY)

New Member Renewal

Member #: _____ Expire Date: _____
 (Renewing Members Only)

Last Quattro Quarterly Received: _____
 (Renewing Members Only)

Name: _____

Address: _____

City: _____

State/Province: _____ Zip Code: _____

Country: _____

Business Phone: _____

Home Phone: _____

Fax: _____

Cell Phone: _____

E-mail: _____

One family member to be included in membership:

Name: _____

Named by AUDI OWNER ONLY. Must be spouse, child, sibling, or parent of active member who resides in the same house.

Vehicle Information

Audi Year: _____ Audi Model: _____

Audi Year: _____ Audi Model: _____

Audi Year: _____ Audi Model: _____

Non-Audi Year: _____ Non-Audi Model: _____

Non-Audi Year: _____ Non-Audi Model: _____

New Members Only:

Who is your Audi Dealer? _____

City: _____ State: _____

How did you hear of the Audi Club? _____

** Indiana Chapter Audi Club ** _____

Did your Brand Specialist refer you to the club?
 Yes No

Specialist's name: _____

Areas of interest:

Driver schools Rallies Other _____
 Magazine Social events _____
 Technical sessions New model info _____

Comments are welcome. Please use the back of this form.

Membership Dues

(\$10.00 of your dues is for the quattro quarterly publication.)

(PLEASE CHECK ONE)

USA Out of USA*

\$44 = (1 year) \$52 = (1 year)
 \$75 = (2 years) \$91 = (2 years)
 \$99 = (3 years) \$123 = (3 years)
 \$600 = (Lifetime) \$600 = (Lifetime)

US DOLLARS ONLY *Visa/MasterCard only

Payment Options

Please make check payable to:
 Audi Club of North America

Check # _____

MasterCard Visa

Expiration Date: _____

Name on Card: _____

Audi Club Use Only

Date mailed: _____ Exp date: _____

Credit proc: _____ Paid thru: _____

PLEASE NOTE: TO CONTINUE TO RECEIVE THE QUATTRO QUARTERLY, THE CLUB MUST HAVE YOUR CORRECT ADDRESS. PLEASE UPDATE AND RETURN THIS FORM. VISIT OUR WEBSITE FOR CHANGE OF ADDRESS FORM, E-MAIL OR CALL TO MAKE ANY FURTHER ADDRESS CHANGES.