

RPCUG Membership Application Form

Mr. Last Name _____ First Name _____ MI _____
 Ms. _____
 Dr. _____, _____, _____

Mr. Last, First, MI for Spouse if Joint Membership _____
 Ms. _____
 Dr. _____, _____ -

Street Address Line 1 _____

Spouse's E-Mail Address _____

Street Address 2 (if needed) _____

Spouse's Date of Birth (MM/DD/YY) _____

City _____ State _____ Zip +4 please _____

Children's names (for Family Membership) _____

Daytime Phone _____

Evening Phone _____

Date of Birth (MMDDYY) _____

E-mail address _____

Add you to RPCUG's Members Helping Members list? YES NO

Include your name and address when vendors request member info?
 (a modest source of income to RPCUG) YES NO

User Level: Advanced? _____ Competent? _____ New User? _____

Individual 35.00	Joint (husband and wife) 40.00	Family 45.00	Student 15.00
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Amount _____ Check Number _____ Date _____ Member # for renewals _____

RPCUG provides a wonderful way to get help and to learn about computing. From time to time, RPCUG needs to call on members to help with a variety of tasks. Can we call on you if there's a need?

Referred by: _____

Name _____

<h3 style="margin: 0;">Rockland PC Users Group</h3> <p style="margin: 0;">PO Box 802, New City, NY 10956 (845) 638-1917 http://www.rpcug.org</p>
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Check # _____ Amount _____

Check Date _____ Received by _____

Rockland PC Users Group is a 501.C.3 organization and your dues are tax deductible!
