



Form can be filled in and printed. Begin by clicking in the box to the right. Then tab through the form. Then print and mail to address at bottom of this form. Form can also be printed and filled in by hand.

Membership Application

(New & Renewal)

Individual \$35	<input type="checkbox"/> New	<input type="checkbox"/> Renew
Family \$50	<input type="checkbox"/> New	<input type="checkbox"/> Renew
F/T Student \$12	<input type="checkbox"/> New	<input type="checkbox"/> Renew
I.D. #(Renewal only) _____		

Name: _____
Last First Middle Initial

Family Member Name(s): _____
(Same household)

Mailing Address: _____
Please include, apartment, suite, or unit number, etc.

City: _____ State: _____ Zip+4: _____

Home Phone: () _____ Business Phone: () _____

Email: _____ Web Site: _____

Family Member Email: _____

- How did you hear about SPCUG? SPCUG member Computer Show BLAB-TV Flyer
 Internet Computer Class Newspaper Bits & Bytes Radio Show Library
 Other: _____

I want to receive SPCUG information and computer tips via email. Yes No

I want to volunteer for:

- | | | |
|---|--|--|
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Advertising/Sales | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Class Instructor | <input type="checkbox"/> Membership | <input type="checkbox"/> News/Media Relations |
| <input type="checkbox"/> Forum Leader | <input type="checkbox"/> Business Membership | <input type="checkbox"/> Database |
| <input type="checkbox"/> Assist at tables | <input type="checkbox"/> Meeting Setup | <input type="checkbox"/> Selby Library |
| | | <input type="checkbox"/> Not sure, please call |

Mailing Instructions: Please mail this completed form, along with your check for \$35 (individual), \$50 (family membership), or \$12 (full time student membership), payable to SPCUG to:

Membership Committee
P.O. Box 15889
Sarasota, FL 34277-1889

For your membership card(s) to be mailed to you, please enclose a stamped, self-addressed envelope.

<i>This section to be completed by the Membership Committee</i>			
Date:	Amount Paid:	I.D. #	Paid Thru: