## **RPCUG Membership Application Form**

Mr. Ms. Dr	Last Name	First Name	MI Ms.			•		nt Membership		_
	Street Address Line 1				Spou	se's E-Mail <i>F</i>	e's E-Mail Address			
-	Street Address 2 (if needed)			- 5	Spouse's Date of Birth (MM/DD/YY)					
_	City	State Zip +4 please			 Children's	s names (for	Family M	Membership)		
Daytin				-						<del>-</del>
Eveni	ng Phone			_					·	
Date	of Birth (MMDDYY)			_						
E-mai	l address			-						
Add y	ou to RPCUG's Members I	Helping Members list? YES	NO							
Include your name and address when vendors request member info? (a modest source of income to RPCUG)  YES NO					Comp	Level: nced? etent? _ Jser?				
Indiv 35.00	vidual	Joint (husband and wife) 40.00	Fa	mily		45.	00	Student	15.00	1
	RPCUG provides a	neck Number wonderful way to get help with a variety of tasks. Ca	and to I	earn a	bout c	omputing	g. From eed?	or renewals _ time to time Referred by:		 needs
				•						
Nam	e									
	Rockland F	PC Users Group		Box 802 /www.r <sub>l</sub>		=	10956 (	(845) 638-191	17	
Chec	ck #	Amount	i				ь	ockland PC Us	sers Group	is a
Chec	ck Date	Received by					50	OCKIAND FC OS 01.C.3 organiza ues are tax dec	ation and yo	