



Cumberland Valley Apple Users Group

c/o 109 E. FRANKLIN ST. HAGERSTOWN, MD 21740

New Member Application

Please enter as much information as possible especially home telephone and e-mail address! Date _____

HOME:

Name _____

Address _____ Apt.# _____

City _____ State ____ ZIP _____

Home Telephone _____

FAX _____

Other Tel. _____

E-mail address _____

Computer(s) used at home: _____

Printer(s) used at home: _____

Peripherals used at home: _____

Comments, questions or anything else: _____

MEMBERSHIPS COVER ONE YEAR FROM THE DATE PAID.

DUES ARE **\$12.00** PER YEAR AND INCLUDE SPOUSE AND CHILDREN UNDER 18 YEARS OF AGE.

Make Checks Payable to: CVAUG. Mail to CVAUG, 109 E. Franklin St., Hagerstown, MD 21740

THIS BOX FOR CVAUG OFFICE USE ONLY

Date Received _____ Amount \$ _____ Check # _____

Membership Number _____ Signature of Officer Receiving App. _____