

AACUG

Akron Area Computer Users Group



Akron Area Computer User Group Membership Application

APPLICATION FOR MEMBERSHIP (please type or print)

Name: _____ Date _____ DOB _____

Address: _____

City: _____ State _____ Zip _____

Home Telephone: (_____) E-Mail Address _____

Spouse/Children: _____

Occupation: _____

Computer Using: _____

Primary use: Word Processing ___ Business ___ Games ___ Programming ___ Games ___

Referred by: _____ (name of AACUG MEMBER)

To Subscribe for one year, please mail check for \$15.00 To:

A.A.C.U.G.
C/O Member Chairperson
2465 ARDWELL AVE
AKRON, OHIO
44312