

LVPCUG

Membership Form for May 1, 20 to April 30, 20

First Name:

Last Name:

E-mail Address:

Phone Number:

Address:

Family Member Name:

It is LVPCUG policy to keep your information confidential.

Dues are \$30 per family for the fiscal year.

Make check payable to " Las Vegas PC Users Group "

Mail to: P. O. Box 363772, North Las Vegas, Nv 89036

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Club use:

Member number

Amount \$ _____ Cash _____ Check number _____

Received by: _____ Date _____