

Northwest Louisiana Personal Computer User Group, Inc.
Membership Application

(Please PRINT clearly all information requested below. Thank you.)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PH:(____) _____ OTHER PH:(____) _____

E-MAIL ADDRESS: _____

PLEASE CHECK:

NEW: _____ RENEWAL: _____

MEMBERSHIP CATEGORY:

FULL:(\$15.00)____. SPOUSAL:(\$6.00)____. STUDENT:(\$10.00)____

SIGNATURE: _____ DATE: __/__/__

Please indicate how you learned of our group: _____

Please complete this application and bring it with you to our next meeting or mail to:

Northwest Louisiana Personal Computer User Group, Inc.
P. O. BOX 53232
Shreveport, LA. 71135

Please make Checks or Money Orders payable to: NWLAPCUG, Inc. No cash by mail, please. Thank you.