

## Membership Application

Name: \_\_\_\_\_  
first last

Address: \_\_\_\_\_  
street

\_\_\_\_\_ city state zip

Contact Info: \_\_\_\_\_  
email address phone (optional)

---

- Type:  \$34 Primary  
 \$20 Companion (in same household as primary member)  
 \$50 Sponsor (includes \$16 tax-deductible donation)

- Member Status:  New  
 Renewal

- I use my Mac at:  Home      Experience Level:  Beginner  
 Business       Average  
 Both       Experienced

Send this completed form and your check payable to *VMUG, Inc.*:

**VMUG Membership**  
**P.O. Box 101382**  
**Arlington, VA 22210**