



SOUTH JERSEY APPLE USERS GROUP MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

Name _____

Address _____

City _____

State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email _____

Website _____

Type of membership (To be completed by SJAUG):

Individual / Family – \$25.00/yr.

Student (K-12) – \$15.00/yr.

Complimentary – expires _____

Macs for Students recipient – 6 months free membership

Purchase of new Mac – 6 months free membership (Proof of purchase required)

Please make checks payable to: SJAUG

Mail completed form with payment to: SJAUG Membership, PO Box 793, Mount Laurel, NJ 08054

Dues are payable yearly in January. New members joining after January will pay, upon joining, \$3.00 for the first month and \$2.00 for each additional month remaining in the current calendar year.

For Club Use Only

Date paid _____ Amount paid _____ Check # _____ Cash

Received by _____