



Membership Application

Name: _____

Date: _____

Address: _____

Phone: _____

City / State: _____

Zip Code: _____

E-mail Address: _____

Membership Type	<input type="checkbox"/>	Individual (\$25.00)	<input type="checkbox"/>	Family * (\$35.00)
* Family Members must reside in the same household as the primary member.				

FAMILY MEMBERSHIP

Spouse: _____

Name: _____

Name: _____

Name: _____

Please list any contact information that should not be included in our Membership Directory that is distributed to members only:

How do you prefer to receive the BGA-Bytes monthly newsletter:* Postal Mail E-Mail

* We only use Postal Mail for our members that are unable to receive it by E-Mail.

Add dates if you wish your birthday and/or anniversary mentioned in the club newsletter:

Birth Day & Month _____ Anniversary Date _____

Would you like to participate in club projects or committees? Yes No

Circle level of PC skill level: 0 1 2 3 4 5