



# Membership Application

Maryland Apple Corps  
P.O. Box 668  
Riderwood, MD  
21139-0668

- New Membership
  - Membership Renewal
  - Former/Lapsed Member
- 

New information

OR

No changes

Mr./Dr./Ms./Mrs. \_\_\_\_\_

Nickname \_\_\_\_\_

Spouse (*Name for your spouse's nametag, **only if** they will be attending meetings.*)

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (*home*) \_\_\_\_\_ (*work*) \_\_\_\_\_ (*fax*) \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Please list the equipment that you use.

computer \_\_\_\_\_

primary operating system version \_\_\_\_\_

peripheral(s) \_\_\_\_\_

printer \_\_\_\_\_

modem \_\_\_\_\_

additional hardware \_\_\_\_\_

\_\_\_\_\_

most used software \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ NEW MEMBERS ONLY \_\_\_\_\_

How did you learn about Maryland Apple Corps?  Newspaper (*please provide name*)

\_\_\_\_\_

Member (*please provide name*)

\_\_\_\_\_

CLUB USE ONLY

Date \_\_\_\_\_

Exp. Date \_\_\_\_\_

Amount Paid \_\_\_\_\_

- Dues
- Other

Cash/Check#

\_\_\_\_\_

*Please fill out this form and mail with your check to the above address*

Annual Dues \$30 \_\_\_\_\_

\_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_