

REGISTRATION/RENEWAL FORM



Please Print:

Name: _____

The Tallahassee
Area
Apple User's
Group

Address: _____

P.O. Box 14442
Tallahassee,
Florida
32317-4442

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Type of Computer: _____

Total Remitted: _____

T. Apple Annual Dues \$36.00

Check Number: _____

Date Paid: _____

Use:

Home Office

Other _____

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