

Membership Application New & Renewal

Individual or Family Membership: \$30	<input type="checkbox"/> New	<input type="checkbox"/> Renew
F/T Student free	<input type="checkbox"/> New	<input type="checkbox"/> Renew
I.D. #(Renewal only) _____		

Name: _____
Last First Middle Initial

Family Member Name(s): _____

Mailing Address: _____
Please include, apartment, suite, or unit number, etc.

City: _____ State: _____ Zip: _____

Home Phone: () _____

Email: _____

Family Email: _____

How did you hear about STUG? ☐ STUG member ☐ Computer Show ☐ Flyer ☐ Internet
☐ Computer Class ☐ Newspaper ☐ Local Newsletter ☐ Library
☐ Other: _____

I want to volunteer for:

<input type="checkbox"/> Publicity	<input type="checkbox"/> Advertising/Sales	<input type="checkbox"/> Newsletter Proofreader
<input type="checkbox"/> Class Instructor	<input type="checkbox"/> Membership	<input type="checkbox"/> News/Media Relations
<input type="checkbox"/> Forum Leader	<input type="checkbox"/> Newsletter Editor	<input type="checkbox"/> Database
<input type="checkbox"/> Assist at tables	<input type="checkbox"/> Meeting Setup	<input type="checkbox"/> Other

Mailing Instructions: Please mail this completed form, along with your check for \$30 (individual), or (family membership), payable to STUG. (Or for full time student membership):

Membership Committee
P.O. Box 15889
Sarasota, FL 34277-1889

For your membership card(s) to be mailed to you, please enclose a stamped, self-addressed envelope.

This section to be completed by the Membership Committee

Date: _____ Amount Paid: _____ I.D. # _____ Paid Thru: _____