

**FLORIDA ASSOCIATION OF COMPUTER USER GROUPS, INC.**  
www.facug.org

**Membership/Renewal Application**

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**User Group Name:**

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Official Mailing Address:

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City:	State:	ZIP:
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Home Page Address:

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Meeting Date(s):	Number of Members	Election Month:
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**President:**

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Address:

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City:	State:	Zip:
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Phone:	E-Mail:
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**User Group Representative:**

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Address:

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City:	State:	Zip:
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Phone:	E-Mail:
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**Newsletter Editor:**

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Address:

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City:	State:	Zip:
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Phone:	E-Mail:
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**Program Contact:**

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Phone:	E-Mail:
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**Webmaster:**

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Phone:	E-mail:
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submitted by: \_\_\_\_\_ date: \_\_\_\_\_

Mail with \$25.00 check for membership dues to:  
**Florida Association of Computer User Groups, Inc.**  
C/O John Witmer, Treasurer  
3312 Sheehan Drive  
Land O' Lakes, FL 34638  
e-mail: treasurer@facug.org