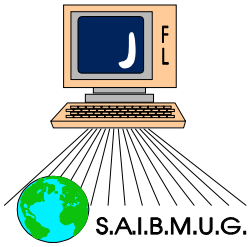
St. Augustine IBM User Group

Member Profile



Yes, I wish to join the St. Augustine IBM User Group.

Please fill out the information below so that we can put you on our snail mail and e-mail list. All information will be kept confidential.

Name _____

Address _____

_____

City _____ State _____ Zip _____

Home Phone _____

E-mail _____

Do you have a home page on the World Wide Web? _____

Your URL= http:// _____

How would you classify your computer experience?
Beginner ☐ Novice ☐ Intermediate ☐ Seasoned Veteran ☐

Your Computer System

Hardware	Example: Brand Name, Processor, MB of RAM & Hard Disk,	
Printer	Example: Brand Name, B&W or Color, Laser, Ink Jet or Dot Matrix	
Modem	Example: Brand Name & Baud Rate	
	Fax capable?	
Operating System		
Other: Please Name		

An organization is only as good as it's membership. We are nonprofit and count on you to get involved and make this group an interesting fun place. Your ideas will always be respected because YOU are the reason this group exists. Get the most out of SAIBMUG by volunteering.

☐ I am willing to help others by coaching them on problems that I am experienced with. It is OK to include my name and phone number on a membership help roster. The best time to call me for assistance is _____.

_____ If you check here, Please fill out this next section.

Please list the area(s) that you can help with *(Specific Program or Hardware)* _____

_____

☐ I am willing to speak (even just briefly) at a group meeting on topics which I have had experience (good or bad).

These are the subjects I would like to cover: _____

☐ I am able to bring one of the following occasionally to a meeting:

☐ Computer ☐ Laptop ☐ Portable Disk Drive ☐ CD Rom Player
☐ Overhead Projector ☐ Display Panel ☐ Monitor/TV Converter ☐ Demo Software
☐ Other: _____

☐ I am willing to serve on the of the following committee(s):

☐ Membership ☐ Newsletter ☐ User Group Liaison ☐ Publicity ☐ Other _____

Dues $25.00 per year per family residence renewable each January. First year dues will be pro-rated by calendar quarter. Please include your payment with this application and either give it to the club treasurer in person or mail it to

SAIBMUG, PO Box 4301, St. Augustine, FL 32085-4301

Signature

I agree to abide by the rules and regulations of the St. Augustine IBM User Group.

_____ _____
Signature Date

SAIBMUG USE ONLY

Amount Paid _____ Method of Payment _____
Entered In Data Base _____ By _____
Copy to: Membership Committee
Treasurer
President
Newsletter Committee

Comments & suggestions on back