



JOSEPHINE COUNTY MACINTOSH USERS GROUP

MEMBERSHIP APPLICATION

DATE: _____

MEMBERSHIP: SINGLE \$18 PER YEAR
(CIRCLE ONE) COUPLE \$30 PER YEAR
STUDENT* \$15 PER YEAR

* MIDDLE SCHOOL & HIGH SCHOOL

NAME (& SPOUSE IF COUPLE): _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

EMAIL: _____

TYPE OF COMPUTER & OS: _____

INTERESTS

AREA(S) OF EXPERTISE

YOUR EMAIL ADDRESS IS CRUCIAL SINCE MOST OF OUR COMMUNICATIONS ARE VIRTUAL (EMAIL). PLEASE MAKE SURE THAT IT IS CORRECT. YOUR LOGIN & PASSWORD FOR MEMBERS ONLY AREAS OF THE WEB SITE WILL BE EMAILED TO YOU ONCE WE RECEIVE YOUR PAYMENT.

PLEASE MAIL YOUR APPLICATION & CHECK TO: JOMACS
PO Box 1501
GRANTS PASS, OR 97528

OR VISIT A MONTHLY MEETING (GO TO WWW.JOMACS.ORG FOR DETAILS).

QUESTIONS? CONTACT BUGSY, OUR GURU AT INFO@JOMACS.ORG

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