



June 2008-May 2009

Membership Application Form

Member Contact Information

Full Name First _____ Last _____

Company/Organization _____

Address _____

City _____ State/ Province _____

Country _____ Zip/ Postal Code _____

Phone Number _____ Fax Number _____

Mobile Phone Number _____ Email _____

Payment can be made on-line through the RPSMUG website using PayPal
or
by mailing a cheque to the Treasurer at the RPSMUG address below.

I hereby grant RPSMUG permission to publish my contact information. Yes No

The information you provide in this form will be used to process your RPSMUG membership application.
Only with your permission will we publish your name, company/organization affiliation, business address, phone/fax/mobile numbers and email address.
The Board reserves the right to accept or revoke a membership. Membership shall only be transferable with express permission of the Board.