New Mexico Dot Net Users Group Membership Enrollment Form

Final Name				
First Name		Last Name		
mpany Informatior	1			
Job Title				When contacting me
Company Name				please use my
Address				Home Office
				address.
City		State	Zip	
rsonal Information				
Address				
City		State	Zip	
Email				
Phones: Day		Eve		
Mobile				
Membership Class		Form of Pa	Form of Payment Check #	
Member \$25			Cash	
Student Member \$10		Received b	у	
School		Date	Date	
		Member No	o	
ike checks payable	to: NM Dot Net User	rs Group		
il to: NMUG Treas	surer, 6120 Casa De V	/ida NE, Albuquerque, N	IM 87111	

New Mexico Dot Net Users Group Membership Dues Receipt

Date	
Received From	
Amt: \$	
Received By	