

NEOPC MEMBERSHIP APPLICATION

(Expiration 12 months from date of enrollment)

Please tell us a little about yourself:

Name _____

Spouse _____

Address _____

City/State/ZIP _____

Voice phone: _____

E-Mail) _____

Sponsor (optional) _____

Membership Dues (one year)

\$25.00—includes all members of immediate family.

\$12.50—full time student under 25 years of age

Mail this application with your check to:

**NEOPC
P.O. Box 16802
Cleveland, OH 44116**

Operating System You Have:

Windows 7 Windows Vista

Windows XP Other

Other (please specify) _____

Your Skill Level:	Beginner	Inter-mediate	Advanced	Group Leader
Word				
Spreadsheets				
Power-point				
Digital Imaging				
Digital Publishing				
Web Design				
Genealogy				
Other				