



**Triangle
Midrange
Users Group**
PO Box 19003
Raleigh, NC 27619-9003

**2006 TMUG
Membership Application**

(Please fill out all sections)

Company Name _____

Company Address _____

Company City _____

State _____

Zip(ZIP+4) _____

Company Phone _____

Company FAX _____

Company E-Mail _____

Please list company representative name(s) and e-mail(s) below:

Name	email	Name	email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TMUG Annual Membership Fee, - \$ 50.00 \$ 50.00
 Meeting Fees, 10 programs @ \$25, - \$250.00 _____ (optional)
 Total Enclosed: _____

Membership dues must accompany application. If accepted for membership, I agree to comply with the by-laws of TMUG and any regulations adopted by TMUG. My signature as a representative of the member business shown above stipulates that said member meets the qualifications required to become a member of TMUG. (Membership dues will be refunded if the membership is not accepted.)

Signature _____ Date _____

Suggested meeting topics:

If you would like to be a speaker, please contact Mike Coleman at secretary@trianglemidrange.org

Visit us at our website at www.trianglemidrange.org

