

**Quad-Cities Computer Society
Membership Application & Renewal Form**

Please Mail this to:
Quad-Cities Computer Society
Tri-City Jewish Center
2715 30th Street
Rock Island, IL 61201

Name: _____

Company: _____

Address for receiving QCS mailings is:

Home? ___ Work? ___

Address: _____

City: _____

State: _____ ZIP+4: _____

Home Phone: _____

Office Phone: _____

Fax: _____

Email: _____

Referred by: _____

Membership Level:

New: ___ Renewal: ___

Full-time student **\$20**

Individual **\$30**

Family (one newsletter) **\$40**

Interest (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Business | <input type="checkbox"/> Legal |
| <input type="checkbox"/> CAD/CAM/CAE | <input type="checkbox"/> Linux |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Medical/Dental |
| <input type="checkbox"/> Database | <input type="checkbox"/> Multimedia |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Networks |
| <input type="checkbox"/> Education | <input type="checkbox"/> Personal Finance/Tax |
| <input type="checkbox"/> Games | <input type="checkbox"/> Planning/Scheduling |
| <input type="checkbox"/> Genealogy | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Web Authoring |
| <input type="checkbox"/> Hardware | <input type="checkbox"/> Windows OS |
| <input type="checkbox"/> Home Office | <input type="checkbox"/> Word Processing |