

Quad-Cities Computer Society
Membership Application & Renewal Form

Please mail dues payment to: Quad-Cities Computer Society c/o Scharlott Blevins
1810 Duggleby Street, Davenport, IA 52803-3352

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP+4: _____

EMAIL: _____

HOME PHONE: _____

CELL PHONE: _____

Make checks payable to: **Quad-Cities Computer Society (QCS)**

Membership Level:

REFERRED BY: _____

New: _____ Renewal: _____

_____ Full-time Student \$20

_____ Individual \$30

_____ Family (1 newsletter) \$40

TO ALLOW US TO MAKE YOUR MEMBERSHIP
A MORE REWARDING EXPERIENCE, PLEASE
TELL US ABOUT YOUR COMPUTER ABILITIES
AND USAGE

All Memberships expire June 30th
New members joining after December 31st, pay 1/2

_____ Beginner

_____ Intermediate

_____ Expert

QCS Use Only
Date _____
Amount _____
Check # _____
Notations: _____

I (We) mostly use our computer(s) for:

I (We) have an interest in learning about:

I (We) would be happy to help the club by:
