## Manitoba UNIX® User Group

## Membership Application

Name:		Title: _		
Pirst Department:	Last			
Company:				
Address:				
City:	Prov: Posta		al Code:	
Work phone:	FAX:	E-mail:		
Home Address:				
City:	Prov:	Postal Code:		
Home phone:	Check here to have mail addressed to your home:			
May we share this information w May we release your name to ac		☐ Yes ☐ Yes	☐ No ☐ No	
Fees: Basic MUUG membershi	p fee	\$20.00 <u><b>2</b></u>	<u>0.00</u>	
Payment is by cheque	_	Enclosed		
Make ch	eques payable to "Manito	bba UNIX User (	Group"	
Signature:		Date: _		
Give this form to any Board Manitoba P.O. Box St. Bonif R2H 3B4	a UNIX User Group k 130 ace, MB		Office use only  Amount:  Cash	