

ANNUAL MEMBERSHIP APPLICATION

Member Name _____

(Required for all Applications, even family membership, which requires one person in family to be registered with a Regular membership)

MEMBERSHIP TYPE: Regular [___] **Student** [___] **Family** [___]

(Select only ONE as each member is to complete an application)

E-mail address _____

Address _____

City _____ **Prov** _____ **Postal Code** _____

Telephone (___) _____ - _____ **Unlisted?** No [___] Yes [___]

Where did you learn about BUG? _____

COMPUTER INFORMATION: Family members need only complete this section if different from regular member
If you have more than one computer, enter main one here and others on back of form.

Make and model: _____

Operating system: _____

Home Network: Wired [___] Wireless [___] None [___]

Internet Provider _____ **HiSpeed** [___] **Dial-up** [___]

GENERAL COMPUTER KNOWLEDGE: Beginner [___], Intermediate [___], Experienced [___]

Areas of Interest: _____

PROGRAMS: Name(s) and version number of the programs that you use frequently.

This will give us a general idea of the types of things you do with your computer.

FREEDOM OF INFORMATION:

The BUG (Barrie Users Group) respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists or any of the information above. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of the club.

BUG may:

- Record my participation and appearance on video tape, audio tape, film, photograph or any other medium;
- Use my likeness, voice in connection with these recordings;
- Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose, which BUG and those acting pursuant to its authority deem appropriate.

The member grants BUG the irrevocable and unrestricted legal and moral rights and permission to copyright these recordings and images and to use them without restriction.

_____, _____ 20__

Member Signature and Date

Note: If Member is under 18, signature of parent/guardian is required.

FOR OFFICE USE ONLY

Date Received : _____ **Received By :** _____

Amount of Membership Fee Paid : \$ _____

Membership Number : _____ **Regular** [___], **Family** [___] **Student** [___]

Membership Start Date : _____, _____ 20__

Expiry Date : _____, _____ 20__

Bring to Meeting or Mail to
PO BOX 20254, BARRIE, ON, L4M 6H2