

MCQG

New Member Registration

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address _____

Birthday (month/day only) _____

I would like to receive newsletters by e-mail: Yes No

I like to: use the computer teach a class be a mentor Other _____

Date paid _____ Amount rec'd \$ _____ cash check

Roster Email Sign-in Update