Computer Education Society of Philadelphia

Membership Application

Computer Education Society
CESOP
of Philadelphia
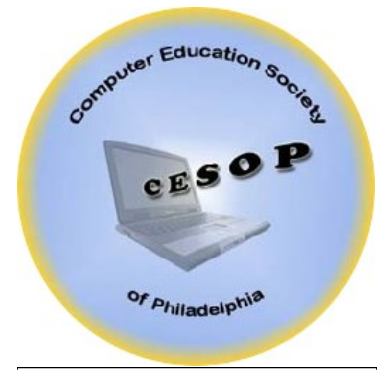
Members helping members

[__] **New application**

[__] **Membership renewal**   [__] **My information has not changed**   [__] **Please note the changes in my information**

Today's Date _____

Please PRINT All Information

Last Name _____   First Name _____ Initial _____
REQUIRED   REQUIRED

Address _____ Apartment # _____

City _____State _____ Zip Code _____

Home phone with area code _____

Other phone with area code _____ this is [__] Work   [_   Cell
Optional

Email address _____
REQUIRED to receive the monthly announcements

Date of birth _____/_____/_____   Age _____ *(Applicants must be at least 14 years old)*   [__] Male   [__] Female
Optional

Signature of applicant _____
REQUIRED
Signature of parent or legal guardian for applicants under the age of 14 _____

See reverse side for adding additional "Family Members"

Membership is $15 per year and runs from January 1 to December 31.
Membership RENEWAL for existing members is $15 (*prorated dues do not apply to renewals*).
NEW members' dues are prorated according to the following schedule.
If you are paying between:

[__] **Jan 1 to Feb 29 — $15**	[__] **Mar 1 to Apr 30 — $12.50**	[__] **May 1 to Jun 30 — $10.00**
[__] **Jul 1 to Aug 31 — $7.50**	[__] **Sep 1 to Oct 31 — $5.00**	[__] **Nov 1, to Dec 15 — $17.50** *(This will include membership through the following year)*

Make your check payable to: CESOP Membership

For further information, call
215-645-2865

You can submit your application at any CESOP meeting
or mail your application and check to:

CESOP Membership
7713 Richard St
Philadelphia PA 19152-3815

Cash is accepted but we cannot be responsible for cash that is sent through the US Mail.

This area is for office use only
Date received _____   [__] comp   [__ csh
Received by _____   Chk# _____

Rev 150430

Family Members

You can list your family members who are 14 years or older, related to you and residing in the same household as listed on the front of this application.

Family members enjoy all the benefits of membership with the exception of the ability to vote. Only primary members can vote.

_____Same[_]   _____   _____   _____
Last Name (if different than yours)   First Name   Age   Email address

                                                                                                          _____
                                                                                                          Other phone number

_____Same[_]   _____   _____   _____
Last Name (if different than yours)   First Name   Age   Email address

                                                                                                          _____
                                                                                                          Other phone number

_____Same[_]   _____   _____   _____
Last Name (if different than yours)   First Name   Age   Email address

                                                                                                          _____
                                                                                                          Other phone number

_____Same[_]   _____   _____   _____
Last Name (if different than yours)   First Name   Age   Email address

                                                                                                          _____
                                                                                                          Other phone number

_____Same[_]   _____   _____   _____
Last Name (if different than yours)   First Name   Age   Email address

                                                                                                          _____
                                                                                                          Other phone number

_____Same[_]   _____   _____   _____
Last Name (if different than yours)   First Name   Age   Email address

                                                                                                          _____
                                                                                                          Other phone number

_____Same[_]   _____   _____   _____
Last Name (if different than yours)   First Name   Age   Email address

                                                                                                          _____
                                                                                                          Other phone number