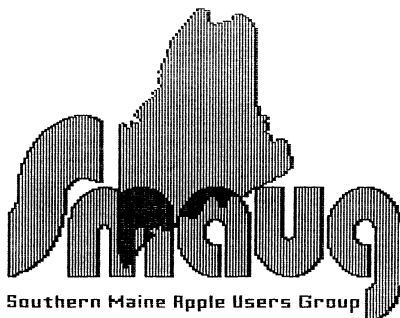


• PLEASE PRINT • PLEASE PRINT •



### SMAUG 2003 Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Membership dues of twenty-four dollars are for one calendar year and are prorated for part of the year (see schedule below).

Send completed form with dues payable to SMAUG:

SMAUG  
c/o David Kosciw  
171 Cousins Street  
Yarmouth, ME 04096

Payment Schedule	
Jan-Feb	24.00
Mar-Apr	20.00
May-Jun	16.00
Jul-Aug	12.00
Sep-Oct	8.00
Nov-Dec	4.00

----- OFFICE USE ONLY -----  
CK# \_\_\_\_\_ renew \_\_\_\_\_  
CAR'cd \_\_\_\_\_ new \_\_\_\_\_ Entered \_\_\_\_\_