

ADAM USERS' GROUP
MEMBERSHIP APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

DATE: _____

NAME _____

DEALER NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY, STATE, ZIP _____

TELEPHONE _____

PHONE: () _____

ADAM MODEL AND SERIAL # _____ DATE PURCHASED: _____

THE ADAM IS BEING USED FOR:

EDUCATION ☐

HOME BUDGETS ☐

GAMES ☐

BUSINESS ☐

WRITING ☐

OTHER: _____

STUDENT: ELEMENTARY ☐ HIGH SCHOOL ☐ COLLEGE ☐ OTHER: _____

PROGRAMS OR GAMES YOU WOULD LIKE TO SEE DEVELOPED FOR THE ADAM. _____

ADDITIONAL HARDWARE YOU WOULD LIKE TO SEE DEVELOPED FOR THE ADAM. _____

WOULD YOU LIKE TO CONTRIBUTE ARTICLES FOR THE NEWSLETTER? YES ☐ NO ☐

PLEASE MAIL APPLICATION ALONG WITH MEMBERSHIP FEE OF \$12.00 TO:

ADAM USERS' GROUP
Box P
LYNBROOK, NEW YORK 11563