

Membership Application
Coastal Area User's Group (CAUG)

Date _____

Coastal Area User's Group
P.O. Box 8022
Corpus Christi, TX 78412-9998

Annual Dues - \$25
Make checks payable to **CAUG**

Name _____

Spouse's Name _____

Home Phone () _____ - _____ Other Phone () _____ - _____

Email Address _____

Corpus Christi Area Address:

Address _____

City _____ State _____ Zip Code _____

I am a Winter Texan. When I'm not wintering in the Corpus Christi area, I can be reached at this address:

Address _____ City _____
State _____ Zip Code _____ During the months _____

O P T I O N A L I N F O R M A T I O N

Your Birthday Month/Day _____ Spouse's Birthday Month/Day _____

I am interested in, or would like help with _____

I would like to join a Special Interest Group (SIG) on the topic(s) of _____

Each CAUG member and one family member receive a laminated membership card. Please tell us how you would like your names to appear.

Your Name _____ Family Member's Name _____

For additional membership information: Lillie Johnson at: Lillie07@swbell.net or 537-9730