Print out and complete this application, and mail to the address shown at the top of the form

MEMBERSHIP APPLICATION

PATACS Membership
c/o Roger Fujii
5501 Beaconsfield Ct
Burke VA 22015-1914

Information phone number: (703) 370-7649
Information email: info@patacs.org

Dues-$25 (US) yearly
Please mail check with application to above address.

( ) New / 1 Year member ( ) Address change ( ) Renewal

First Name: _____**Initial:** _____

Last Name: _____

Mailing Address: _____

City: _____ **State:** _____**ZIP:** _____

Telephone: (Home) (____) _____

(Cell) (____) _____

E-Mail Address: _____

PATACS publishes a membership list. This enables members to contact each other for assistance with hardware and software problems, help with purchasing decisions, and establish special interest groups. You will be included unless you check the box and initial below:

( ) DO NOT include me (Initials): _____

All members will receive via email a link to computer and technology articles eight or more time each year.

From what source did you hear about PATACS (Internet, member's name, etc.)?

_____

Form: website - Revised 11/20/2026