

# L.C.A.C.E.

## Lake County Area Computer Enthusiasts Membership/Survey Application

L.C.A.C.E.  
409 S. Elmwood Avenue  
Waukegan, IL 60085

**PLEASE PRINT CLEARLY**

Please complete this membership/survey form and return to the membership chair or mail to above address with your \$20 dues check. Please make checks payable to LCACE.

Date <i>04-17-10</i>	Dues amount <i>\$20.00</i>	New member <input type="checkbox"/>	Renewal <input checked="" type="checkbox"/>	Survey update <input type="checkbox"/>
Last name <i>MCENERY</i>		First name <i>MICHAEL</i>		Month/day of birth (yr. optional) <i>02/10/1951</i>
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Street address <i>1801 JOANNA AVE</i>				
City <i>ZION</i>			State <i>IL</i>	Zip <i>60099-1525</i>
Phone (home) <i>(847) 872-1314</i>		Phone (work) <i>847 571 7258</i>		Phone (cell) <i>847-571-7258</i>
Email address <i>MM'ENERY@SBCGLOBAL.NET</i>				Occupation <i>MIL. INSTR</i>
Website URL				
Reason for joining LCACE <i>CANT REMEMBER</i>				
How did you hear about LCACE? <i>Jc Jc</i>				
Do you have any special skills you can share with this group? <i>CANT REMEMBER</i>				

**OVER**

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Date 4-17-10	Dues amount 20 -	New member <input type="checkbox"/>	Renewal <input checked="" type="checkbox"/>	Survey update <input type="checkbox"/>
Last name ORTSEIFEN		First name PATRICIA		Month/day of birth (yr. optional) 2-8
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Street address 1260 Wild Rose Rd				
City LAKE FOREST			State IL	Zip 60045
Phone (home) 847-234-3205		Phone (work) 847-940-2753		Phone (cell)
Email address PATRICIA@ORTSEIFEN.COM			Occupation REAL ESTATE	
Website URL				
Reason for joining LCACE				
How did you hear about LCACE?				
Do you have any special skills you can share with this group?				

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Date 4/17/10	Dues amount \$20.00	New member <input type="checkbox"/>	Renewal <input checked="" type="checkbox"/>	Survey update <input type="checkbox"/>
Last name Halley		First name Jack		Month/day of birth (yr. optional) 3/7/44
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Street address 35967 No. Watson Ave.				
City TNGLESIDE			State IL	Zip 60041
Phone (home) 847.587.1580		Phone (work)		Phone (cell)
Email address Jack96@aol.com				Occupation RETIRED
Website URL				
Reason for joining LCACE COMPUTER KNOWLEDGE				
How did you hear about LCACE? FROM CEE WORKSHOP				
Do you have any special skills you can share with this group?				

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Date <b>4-17-10</b>	Dues amount <b>\$20.<sup>00</sup></b>	New member <input type="checkbox"/>	Renewal <input checked="" type="checkbox"/>	Survey update <input type="checkbox"/>
Last name <b>LARKIN</b>		First name <b>LESTER</b>		Month/day of birth (yr. optional) <b>7-11-42</b>
Last name <del>NANCY</del>		First name <b>NANCY</b>		Month/day of birth (yr. optional) <b>3-9-xx</b>
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Street address <b>426 SHADY LANE</b>				
City <b>MUNDELEIN</b>			State <b>IL</b>	Zip <b>60060-3937</b>
Phone (home) <b>847-837-1879</b>		Phone (work)		Phone (cell)
Email address <b>LESLARKIN@AIM.COM</b>				Occupation <b>SECURITIES TRADER</b>
Website URL <b>HTTP://LESLARKIN.US</b>				
Reason for joining LCACE <b>SHARING COMPUTER KNOWLEDGE</b>				
How did you hear about LCACE? <b>FLIER IN WAUKEGAN K-MART</b>				
Do you have any special skills you can share with this group? <b>NO, JUST BEEN AROUND A LONG TIME</b>				

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Date <i>4-17-2011</i>	Dues amount <i>\$20.00</i>	New member <input type="checkbox"/>	Renewal <input checked="" type="checkbox"/>	Survey update <input checked="" type="checkbox"/>
Last name <i>Kalinowski</i>		First name <i>Donna Lee</i>		Month/day of birth (yr. optional) <i>01-02-1941</i>
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Street address <i>915 Broadway Ave.</i>				
City <i>North Chicago</i>			State <i>IL</i>	Zip <i>60064</i>
Phone (home) <i>847-689-4920</i>		Phone (work)		Phone (cell) <i>847-804-2988</i>
Email address <i>DonnaLeeK@juno.com</i>			Occupation <i>Retired</i>	
Website URL <i>-</i>				
Reason for joining LCACE <i>Friendship</i>				
How did you hear about LCACE? <i>Friends</i>				
Do you have any special skills you can share with this group?				

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Date 4/17/10	Dues amount 20.00	New member <input type="checkbox"/>	Renewal <input checked="" type="checkbox"/>	Survey update <input type="checkbox"/>
Last name Hobson		First name MARSHIA		Month/day of birth (yr. optional) 10/01
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Street address 3326A Berwyn Ave				
City Mo. Chicago			State IL	Zip 60064
Phone (home) 847-473-1854		Phone (work) 847-442-0730		Phone (cell) 847-502-1854
Email address oms.gadget@yahoo.com				Occupation PC Tech
Website URL				
Reason for joining LCACE To keep up w/ PC Technology				
How did you hear about LCACE?				
Do you have any special skills you can share with this group? In home PC lessons Software usage				

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Date 4.17.2010	Dues amount	New member <input type="checkbox"/>	Renewal <input type="checkbox"/>	Survey update <input type="checkbox"/>
Last name RIVERA	First name Julio	Month/day of birth (yr. optional)		
Last name	First name	Month/day of birth (yr. optional)		
Last name	First name	Month/day of birth (yr. optional)		
Last name	First name	Month/day of birth (yr. optional)		
Street address 3419 Stoeplochase Way				
City Grayslake		State	Zip	
Phone (home)	Phone (work)	Phone (cell) 847-902-0958		
Email address			Occupation	
Website URL				
Reason for joining LCACE				
How did you hear about LCACE?				
Do you have any special skills you can share with this group?				

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Date <i>4/17/2016</i>	Dues amount	New member <input type="checkbox"/>	Renewal <input checked="" type="checkbox"/>	Survey update <input type="checkbox"/>
Last name <i>BITTERMAN</i>		First name <i>JAY</i>		Month/day of birth (yr. optional) -
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Street address <i>78 NORDIGIAN DR</i>				
City <i>WAUKEGAN</i>			State <i>IL</i>	Zip <i>60087</i>
Phone (home) <i>847 244 3771</i>		Phone (work)		Phone (cell)
Email address <i>BITTJAYL@AOL.COM</i>			Occupation <i>RETIRED</i>	
Website URL				
Reason for joining LCACE				
How did you hear about LCACE?				
Do you have any special skills you can share with this group?				

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Date <i>4-17-10</i>	Dues amount	New member <input checked="" type="checkbox"/>	Renewal <input type="checkbox"/>	Survey update <input type="checkbox"/>
Last name <i>KUSIAK</i>		First name <i>JOSEPH</i>		Month/day of birth (yr. optional) <i>11-7-31</i>
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Street address <i>1078 ELLSWORTH DR.</i>				
City <i>GRAYS LAKE</i>			State <i>IL.</i>	Zip <i>60038</i>
Phone (home) <i>1847 231 6011</i>		Phone (work)		Phone (cell)
Email address <i>JUJO14@ATT.NET</i>				Occupation
Website URL				
Reason for joining LCACE				
How did you hear about LCACE? <i>WORD OF MOUTH</i>				
Do you have any special skills you can share with this group?  <i>NONE</i>				

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Date <i>17 April 10</i>	Dues amount <i>\$20-</i>	New member <input type="checkbox"/>	Renewal <input checked="" type="checkbox"/>	Survey update <input checked="" type="checkbox"/>
Last name <i>HANLON</i>		First name <i>THERESA</i>		Month/day of birth (yr. optional) <i>7 9 '04</i>
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Last name		First name		Month/day of birth (yr. optional)
Street address <i>36491 N. GRANDWOOD DRIVE</i>				
City <i>EURNEE</i>			State <i>IL</i>	Zip <i>60031</i>
Phone (home) <i>847-357-6979</i>		Phone (work) <i>847-688-4975</i>		Phone (cell) <i>847-909-6979</i>
Email address <i>TERHANLON@COMCAST.NET</i>			Occupation <i>INSTRUCTOR</i>	
Website URL <i>none</i>				
Reason for joining LCACE <i>information</i>				
How did you hear about LCACE? <i>friend</i>				
Do you have any special skills you can share with this group? <i>presentation techniques</i>				

**OVER**