MEMBERSHIP FORM

email: assafbo75@gmail.com.	
First name:	
Last name:	
Name of your institut	e (if applicable):
Address of your institute (or private address if you are not affiliated with an institute):	
Email address:	
Web site:	
I want to become a:	
Full member	Yes/No
PhD member	Yes/No

I agree/not agree to put my email address on the ACM SIGCHI EACE mailing list.

Please mark or write your choice regarding the following:

Please fill out the form and send it with a curriculum vitae to our treasurer Assaf Botzer