



National Capital Region Chapter of the
ACM Special Interest Group on Computer Human Interaction

Membership Application CapCHI 2006-2007

CapCHI Membership for September 2006 to August 2007

Name:

First

Last

Affiliation:

Name of Company, Organization or Affiliation

Mailing Address:

Street Address

City

Province

Postal Code

E-mail:

(e.g., MYNAME@Company.COM)

Phone:

Please indicate if you are also a member of any of the following organizations:

- ACM
- SIGCHI
- UPA (Usability Professionals' Association)
- Other group _____

Membership:

- Regular \$20
- Student \$10

Please make checks payable to "Ottawa ACM SIGCHI"

For CapCHI use only

Date:

Membership Number: