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I attest that the information given is correct and that I will abide by the ACM code of ethics. I understand that my membership is not transferable.

www.acm.org/code-of-ethics

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Area code & fax number

Age range:
☐ 17 and under ☐ 41–45
☐ 18–21 ☐ 46–50
☐ 22–25 ☐ 51–55
☐ 26–30 ☐ 56–59
☐ 31–35 ☐ 60+
☐ 36–40 ☐ Prefer not to submit

Gender:
☐ Male ☐ Female
☐ Prefer not to submit

Do you belong to an ACM Student Chapter? ☐ Yes ☐ No

Name of School

PLEASE CHECK ONE:

☐ High School (Pre-college, Secondary School)
  College:
  ☐ Freshman/1st year
  ☐ Sophomore/2nd year.
  ☐ Junior/3rd year.
  ☐ Senior/4th year.

☐ Graduate Student:
  ☐ Masters Program
  ☐ Doctorate Program
  ☐ Postdoctoral Program

☐ Non-Traditional Student

PAYMENT
Payment must accompany application. If paying by check or money order, make payable
   to ACM, Inc. in US dollars or foreign currency at current exchange rate.

☐ Visa/MasterCard ☐ American Express ☐ Check/money order

PLEASE CHOOSE ONE MEMBERSHIP OPTION:

☐ Student Membership $19 (USD) $______________
☐ Student Membership w/DL $42 (USD) $______________
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☐ Student Membership w/DL & print CACM $62 (USD) $______________

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Major Expected month/year of graduation