MEMBERSHIP FORM

Please fill out the form and send it with a curriculum vitae to our treasurer Assaf Botzer email: <u>assafbo@ariel.ac.il</u>.

First name:

Last name:

Name of your institute (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 memberYes/NoPhD memberYes/No

Please mark or write your choice regarding the following:

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