



Please complete and return this form to us if you intend to join cOMPunity.

All fields marked with \* are required fields.

Contact Information			
First Name *			
Last name *			
Address line 1*			
Address line 2			
City*			
State, ZIP*			
Country*			
E-Mail *			
Phone Contact	Home		Office
Fax			
Institution/ Organization			
Membership Information (Please indicate the type of membership desired) *			
<input type="checkbox"/> Individual	Annual Membership fee - \$50.00		
<input type="checkbox"/> Student	Annual Membership fee - \$20.00		

I agree to pay my annual Compunity membership dues as set by the Board of Directors and will abide by the terms and conditions set forth in its bylaws. I certify that I meet the conditions of membership.

Signature:

Date:



**Please mail or fax your completed and signed form to:**

**Compunity  
C/- Prof. Barbara Chapman  
Dept. of Computer Science  
University of Houston  
Houston, TX 77204-3010  
USA**

**Fax number: (+1) 713 743 3335**

**If you are claiming student membership, please attach your current Student ID**

**Please remit the full amount of the annual individual/student fee of \$50/\$20 to the following account:**

**Account name: Compunity Inc.**

**Account number: 345 342 6615**

**Bank and branch: Wells Fargo, College Store, 794 University Ave, Fairbanks, Alaska 99709, USA**

**Bank branch phone/fax: ++1 907 474 4129 / ++1 907 474 4130**

**Bank routing number: 125 200 057**

**Please note that we will use the e-mail address you provide on this application form as our main means of contacting you in future. This will include all official correspondence.**