Consortium for Computing Sciences in Colleges Membership Registration Form

Desired Membership Type	Description	Annual Dues
☐ Regular	Open to those involved with computing at the collegiate level; includes a subscription to the Journal and voting privileges.	\$35
☐ Affiliate	Open to anyone; includes all the benefits of regular membership except voting privileges and eligibility to hold office in the Consortium.	\$35
Name:	Street Address:	

Posi	tion:	
	ne:	
Ema		
For regular membership, please also provide:		City, State Zip:
Dep	artment:	
Institution:		☐Please check if the address above is your
		home address (as opposed to your institution's address)
Voi	ting Region ~ Select exactly one	
	Central Plains	Northwest
	Eastern	Rocky Mountain
	Midwest	South Central
	Midsouth	Southeast
	Northeast	Southwest

Please check if you do not want to be included on general mailing lists, which may be provided to CCSC vendor partners and other groups.

Please make checks payable to CCSC (The Consortium for Computing Sciences in Colleges). The Consortium will assess a charge of \$25 for each check returned to it by the issuing bank.

Please mail this form and remittance to: Dr. Susan Dean

CCSC Membership Secretary

5 Maple St.

Walton, NY 13856