



**Robert Morris University
Student Chapter of the ACM**



MEMBERSHIP FORM

Name: _____

Address: _____

City **State** **Zip**

Email: _____

Daytime Telephone: _____

Education Please Check one (✓) – Required

College

- Freshman Sophomore
 Junior Senior

Graduate Student

- Masters Program Postdoctorate Program
 Doctorate Program

Major: _____

Expected Month/Year of Graduation: _____

Are you a Member of ACM ? _____

If No: Will you become a Member of ACM ? _____

Signature

Date