



membership application

_____New _____Renewal

	Student	\$10.00	
	Professional	\$25.00	

Date: _____
 name: _____
 company/school*: _____
 job title: _____
 address: _____
 city: _____ state: _____ zip: _____
 email: _____
 daytime tel: _____ fax: _____

Cash or Check only please.
 Make checks payable to:
 SIGGRAPH DC

Mail to: Kim Wallace
 5591 Pickwick Road
 Centreville, VA 20120
 email: dc_siggraph@mail.com

Are your own graphics on a website you want us to know about and add a link to it on our site?

URL _____

DC ACM SIGGRAPH members are not automatically members of ACM or ACM SIGGRAPH (sponsor of the annual conference). However, if you are a member of either, please let us know by checking here. _____
 If available, please write your ACM member number here. _____

* Students must include dated proof of full time status
 - i.e. student ID or tuition bill

For more information about joining ACM or ACM SIGGRAPH go to <http://www.acm.org> or <http://www.siggraph.org>.

OPTIONAL-Filling out the following will help us to serve your needs better.

What areas interest you most? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Animation | <input type="checkbox"/> Music |
| <input type="checkbox"/> Illustration | <input type="checkbox"/> Photography/Image Processing |
| <input type="checkbox"/> CAD/CAM/CAE | <input type="checkbox"/> SciViz/Artificial Intelligence |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Film/Video/Special Effects |
| <input type="checkbox"/> Presentation/Business Graphics | <input type="checkbox"/> Internet/Telecommunications |
| <input type="checkbox"/> Programming/Software Development | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Multimedia/CD-ROM/Games | <input type="checkbox"/> Fine Art |
| <input type="checkbox"/> Virtual Reality | <input type="checkbox"/> Other |

DC ACM SIGGRAPH is run by volunteers. Please indicate all the areas you would be interested in helping with.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Help plan events | <input type="checkbox"/> Videotape/Photograph events | <input type="checkbox"/> Proofreading | <input type="checkbox"/> Design/Produce printed materials |
| <input type="checkbox"/> Help at table/door | <input type="checkbox"/> Set up / Clean up | <input type="checkbox"/> Writing | <input type="checkbox"/> Write/Distribute press releases |
| <input type="checkbox"/> Host a meeting | <input type="checkbox"/> Join a committee | <input type="checkbox"/> Publicity | |
| <input type="checkbox"/> Teach a workshop | | <input type="checkbox"/> Help with website | |

Do you prefer to be called for a one time volunteer task rather than helping on a regular basis? _____

Would you be willing to discuss/assist/network with other members in your area of interest/expertise?

If so, how would you prefer that such members contact you?

My area of interest is: _____

Contact me at: _____

Send any comments or suggestions to:
dc_siggraph@mail.com