Name

Prefix



First\*



Middle



Last\*



Suffix



Address

Street\*



City\*



Postal Code\*



Country

Please do not release my postal address to third parties.

Permanent Address

To help us better serve your needs in the future, you must provide ACM with your permanent address. Simply select 'Same as above' if your permanent address is the same as your current mailing address on file.

Street\*



City\*



Postal Code\*



Country\*

Same as above

Contact Information

Phone



Fax



Email address of applicant\*

Yes, please send me ACM Announcements via email

No, please do not send me ACM Announcements via email

Student Member Profile

Name of School\*



Year in School [or equivalent]\*

Expected Month of Graduation\*

Expected Year of Graduation\*

My degree will be in the following area:\*

Expected Degree [or equivalent]\*

What is your age group?\*

17 and under

18-25

26-35

36-45

46-55

56-65

66+

Prefer not to submit

What is your gender identity?\*

Male

Female

Other 

Prefer not to submit

Do you belong to an ACM Student Chapter?\*

Yes

No

Do you identify as being a member of an underrepresented group?\*

No

Yes 

Prefer not to submit

Do you have a disability?\*

No

Yes 

Prefer not to submit