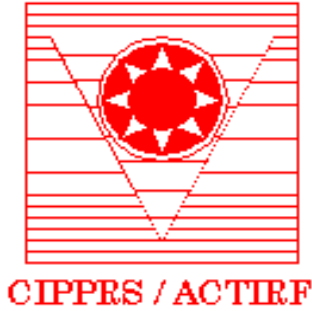


CIPPRS Membership Form



Please Print

Surname: _____

First Name: _____

Email: _____

Web: _____

Work Phone: _____ **Extension:** _____

Home Phone: _____

Address: _____

City: _____

Province/State: _____

Country: _____

Postal Code: _____

Student? Institution: _____ **Student Number:** _____

CIPPRS Membership Fee

CIPPRS regular membership \$35 _____

CIPPRS Student Member \$20 _____

I enclose a cheque for this amount or I wish to pay by credit card (please print and sign):

Circle which: Visa MasterCard American Express

Name as it appears on card (Please Print): _____

Card Number: _____

Expiry date: (mm/yr) _____

Signature: _____

Please fax or post to:

Prof. John Barron

Dept. of Computer Science

Middlesex College 379

Univ. of Western Ontario

London, Ontario, N6A 5B7

Phone: (519) 661-2111 x86896

Fax: (519) 661-3515

Email: barron@csd.uwo.ca

Web: <http://www.csd.uwo.ca/faculty/barron/>

Treasurer of CIPPRS/ACTIRF (Canadian Image Processing
and Pattern Recognition Society) cipprs@csd.uwo.ca

Web: <http://www.cipprs.org>