



SCHOLASTIC MEMBERSHIP APPLICATION

For Colleges & Universities Only

Please enter your information in the fields provided below. Be sure to save your completed form and return by fax, mail or email.

Yes! I want to take advantage of a complimentary Scholastic Membership for my school.

Individual Details

Prefix (Mr., Mrs., Dr. etc.): _____

Full Name.: _____

Title.....: _____

College/University..: _____

Address.....: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail Address: _____

College/University Web site.: _____

What IBM i - and AIX-related courses does your school currently offer? (please list below)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Approximately how many students does your school currently have enrolled in its IT program(s)? _____

If you are not the head of your school's IT program, please provide the full name of that person.

FAX: 312.279.0222
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EMAIL: membership@common.org
 For inquiries, contact COMMON Membership at 800.270.8223 or membership@common.org.