



The Chicago Computer Society
Chapter/Special Interest Group
APPLICATION FORM

NOTE: Please read the CCS Chapter/SIG Guidelines & before completing and submitting this form. A copy of the Guidelines & Procedures and this form may be obtained from the any member of the Board of Directors, or can be obtained from the www.ccs.org web site under members only.

Name of
CHAPTER/SIG: _____

Proposed by CCS Member _____
Address _____

Phone Day (____) _____ Eve(____) _____

CHAPTER/SIG

Purpose: _____

Does your proposed CHAPTER/SIG duplicate the purpose of any existing CHAPTER/SIG (e.g., specific application or type of application): Yes No **(If you answered yes, please review and complete the Addendum, and submit it with your application.)**

Meeting Location and Address: _____

Is there any contingency, including employment or residency, for utilizing this meeting space, and if so, please specify the contingency. _____

Will the CHAPTER/SIG meet monthly? yes/no Will there be some months when meetings are not held (e.g., summer months), and if so, please specify: _____

Day of the month when CHAPTER/SIG meetings would be held (e.g., first Tuesday): _____

What other CCS meetings are held on the night you have selected? _____

Chapter/SIG Membership

Number of CCS members expressing interest in attending (to date):_____

Number of non-members expressing interest in attending (to date):_____

List 10 CCS members who plan to regularly attend this SIG:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I verify that I have reviewed this application (including the Addendum if required) and the information contained therein is true and accurate to the best of my knowledge and belief.

Signature of Coordinator Submitting Application

Date

Submit the original application to the CCS Administrator Beata Kernan, Chicago Computer Society, P.O. Box 66089, Chicago Ill. 60666-0089; a copy should also be sent to the Regional Director for the region in which the proposed Chapter/SIG will meet.

ADDENDUM - SIGNATURE PAGE

Please obtain the signatures of the Coordinators of the existing CCS SIG(s). Pursuant to the Guidelines for CCS SIGS, the signature of the existing SIG Coordinator(s) indicates their acknowledgment of the proposed SIG, and a tacit agreement to coordinate programs and recruit members. If the existing SIG coordinator(s) have objections to the activation of a duplicative SIG, they may decline to sign the new SIG Application, and may instead submit written notification of their objection to their Regional Director.

One signature page must be completed for each Coordinator of an existing CCS SIG

I have acknowledged and reviewed the application of the proposed _____
_____ SIG being prepared by _____
_____ and we have discussed the coordination of program and membership recruitment.

Please check only one of the following:

_____ I support the activation of this SIG, without reservation.

_____ I support the activation of this SIG, with the following reservations: _____

Signature of CCS SIG Coordinator

Date

Please print your Name, Address and Phone number(s): _____

