

American Mathematical Association of Two-Year Colleges

Application for Institutional Membership

Annual Membership Fee: \$530

Contact Person* _____ Position (Dept. Chair, Professor, Instructor, etc.) _____

Name of Institution _____

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Payment: Check Check # _____
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Credit Card Billing Information

The billing address for this card is the same as above: yes no

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* The Contact Person receives AMATYC publications, mailings, and a complimentary discount registration to the annual conference on behalf of the institution. This registration is transferable to any employee of the member institution. Individual membership is required to hold AMATYC office, be appointed to an AMATYC leadership position, serve as a delegate, or vote in AMATYC elections.

This application form is your invoice for the membership fee and payment must accompany the completed application. Retain a photocopy of this form for your records. Please make check payable in U.S. funds to AMATYC and mail to: **AMATYC, 5983 Macon Cove, Memphis, TN 38134.**