American Mathematical Association of Two-Year Colleges
Application for Institutional Membership

Annual Membership Fee: $510
(This rate is effective July 1, 2018 through June 30, 2020.)

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

Name of Institution

Address

City State Zip Code

Email Phone

Payment:  □Check  Check # ______________________
          □Visa   □MasterCard   □Discover   □American Express

Credit Card # ______________________ Exp. Date __________

Signature ____________________________________________

Name on card _________________________________________

Credit Card Billing Information
The billing address for this card is the same as above:  □yes  □no
If billing address is different from above, please provide the following information:

Address City State Zip

* 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.

This form expires June 30, 2020.