

# American Mathematical Association of Two-Year Colleges

## Application for Institutional Membership

**Annual Membership Fee:** \$495

*(This rate is effective July 1, 2015 through June 30, 2016.)*

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

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Name of Institution \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Email \_\_\_\_\_ Phone \_\_\_\_\_

**Payment:**  Check    Check # \_\_\_\_\_  
 Visa     MasterCard     Discover     American Express

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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:

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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.**