
NATIONAL ASSOCIATION OF MATHEMATICIANS MEMBERSHIP AND DONATION FORM

MEMBERSHIP IS FOR CALENDAR YEAR: JANUARY 1 to DECEMBER 31 of _____

TITLE _____ NAME _____

ADDRESS _____

INSTITUTION/EMPLOYER _____

TELEPHONE: HOME (____) _____ OFFICE (____) _____

FAX: (____) _____ E-MAIL ADDRESS _____



SELECT APPROPRIATE MEMBERSHIP TYPE

STUDENT: \$30 INDIVIDUAL: \$50 LIFE: \$500 INSTITUTIONAL: \$150

REGULAR DONATION \$ _____

DONATION TO THE PERPETUAL FUND \$ _____

PLEASE RETURN COMPLETED FORM AND MEMBERSHIP DUES TO:

Dr. Roselyn E. Williams, Secretary-Treasurer

National Association of Mathematicians
P.O. Box 5766
Tallahassee, Florida 32314-5766

Office Phone: (850) 412-5236
Email: Roselyn.Williams@fam.u.edu
Web page: <http://www.nam-math.org>

INDIVIDUALS AND STUDENTS

Please complete below if you did not send NAM this information within the past three years. List all degrees you currently hold. Circle the correct degree.

B.S. or B.A.: Area _____ Institution _____

M.S. or M.A.: Area _____ Institution _____

Ph.D. or Ed.D.: Area _____ Institution _____

Other: Area _____

Institutional Representative (for NAM)

Area or State Representative _____

Committee Member (specify interest): Interest _____

Need additional information about the organizational structure of NAM

ETHNICITY (optional)

African American Hispanic American White Other