

The Association of Mathematics Teachers of India

B-19, Vijay Avenue, Old No37, New No 85, Venkatarangam St., Triplicane, Chennai – 600 005.

MEMBERSHIP FORM

(to be filled in English Capital Letters only)

Type of Member Institutional : Life (Rs.1000)
Type of Member Individual : Life (Rs.500) / Annual (Rs.50)
Name of the Applicant } :
(Individual / Institution) }
Qualifications (if applicable) :
Occupation -do- :
Date of Birth -do- :
E-mail :
Address for Communication :
:
:
:
District :
State :
Pin code :
Phone (STD-Code) Office : Residence :

Details of payment

Amount: Rs. Bank :
DD no : Date :
Place :
Date : (Signature of the applicant)

For office use		
Received	Entered	Sent