

# 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