



AMTE Membership Form

Information

Name: _____

Institution: _____

Position: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

New Member

Membership Renewal

Note: This information will be accessible to AMTE members on the website. If you would like any of the information about to NOT be included, please list here which information you would like excluded:

Dues Options

- 1 year Membership \$80
- 2 year Membership \$152 (save 5%)
- 3 year Membership \$216 (save 10%)
- 1 year Full-time Student Membership \$40 (requires additional [Graduate Verification Form](#))

Dues may be paid online at www.amte.net, or if paying by **check** (payable to AMTE) or **credit card**, please print out this page, complete the form and return it with your dues, to:

AMTE

c/o Dr. Lynn Stallings
Department of Mathematics & Statistics
Kennesaw State University
1000 Chastain Road, #1204
Kennesaw, GA 30144

Lynn Stallings Contact Info

Email: lstallin@kennesaw.edu
Phone: 770-420-4477
Fax: 770-423-6629

If paying by credit card, please complete the following information:

Type of card: Visa MasterCard Discover

Name as it appears on the card: _____

Card number: _____ Expiration: _____

Amount to be charged: _____