



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	2 Year	3 Year
Regular Membership	<input type="checkbox"/> \$80	<input type="checkbox"/> \$152 (save 5%)	<input type="checkbox"/> \$216 (save 10%)
Emeritus Membership	<input type="checkbox"/> \$40	<input type="checkbox"/> \$76 (save 5%)	<input type="checkbox"/> \$108 (save 10%)
Full-time Student Membership (supplemental Graduate Verification Form)	<input type="checkbox"/> \$40	na	na

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:

Mail To:

c/o Dr. Lynn Stallings
 Department of Mathematics & Statistics
 Kennesaw State University
 1000 Chastain Road, #1601
 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: _____