

New York State Mathematics Honor Society

NYSMHS

Membership & Supplies Order Form

Please type or PRINT clearly and fill in all parts.

Chapter Name: _____

School Name: _____

School Address: _____

School Phone Number: (____) _____

Principal's Name: _____

Advisor's Name(s): _____

Email: _____

Membership	Amount at \$20/year	Schools year paid for
		<i>Ex. \$20</i>

Supplies		Quantity	Total
		Pins at \$4 each	
	Seals at \$2 for 20		

Membership Fees are due by September 30.

Grand Total \$

Enclose check made out to NYS Mathematics Honor Society and mail to:
Lynda Vincent, 203 Dover Furnace Road, Dover Plains, NY 12522