

NEW YORK STATE  
MATHEMATICS HONOR SOCIETY  
New Membership Application

Please type or print clearly. Be sure to include all requested information. We encourage you to go to the AMTNYS Web site at: <http://www.amtnys.org>

Chapter Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

(street)

\_\_\_\_\_, NY \_\_\_\_\_

(town)

(Zip)

School Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Advisor's Name(s): \_\_\_\_\_

e mail address \_\_\_\_\_

Chapter Fee = \$ 30.00

Number of Female \_\_\_\_\_ Male \_\_\_\_\_

Optional: Materials including shippage (see order form) = \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Enclose check made out to *NYS Mathematics Honor Society* and mail to:

Tammy Casey  
PO Box 362  
Lake Placid, NY 12946

*Do not send cash or purchase order . Allow 4 weeks for processing .*

1/2009