

NEW YORK STATE MATHEMATICS HONOR SOCIETY

Renewal Membership Application

Please type or print clearly. Be sure to include all requested information.

We encourage you to join the e-mail listserv on 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 _____

Membership renewal fees are due by the end of September every year.

Renewal Chapter Fee = \$ 15.00 (multiple year renewals are acceptable)

____ (# years) x \$15.00 = \$ _____

Materials (TOTAL FROM OTHER 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.