

# The Association of Mathematics Teachers of India

B-19, Vijay Avenue, Old No37, New No 85, Venkatarangam St., Triplicane, Chennai – 600 005.

## MEMBERSHIP FORM

*(to be filled in English Capital Letters only)*

Type of Member Institutional : Only Life  
Type of Member Individual : Life / Annual

Name of the Applicant :

Qualifications :

Occupation :

Date of Birth :

E-mail :

Address for Communication :

:

:

District :

State :

Pin code :

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Phone (STD-Code) Office :

Residence :

Cell :

### *Details of payment*

Amount: Rs.

Bank :

DD no. :

Date :

Place :

Date :

(Signature of the applicant)

For office use		
Received	Entered	Sent