



Virginia Mathematical Association of Two-Year Colleges

2009-2010 Membership Application

Name: _____

Preferred mailing address _____ College _____ Home _____

Position: Full-time faculty ___ Adjunct faculty ___ Administrator ___ Student ___ Other ___

VMATYC Renewal Yes ___ No ___

Are you currently a member of AMATYC? Yes ___ No ___

College name _____ Campus _____

College Address _____

City: _____ State _____ Zip _____

Work phone _____ Fax _____ work Email _____

Home Address _____

City _____ State _____ Zip _____

Home phone _____ home Email _____

Membership fee: Regular \$10, Student \$2: \$ _____

Contribution to VMATYC Scholarship Fund (voluntary) \$ _____

Total enclosed \$ _____

Mail to: Karen Walters, VMATYC Treasurer
 Department of Mathematics
 Northern Virginia Community College
 8333 Little River Turnpike
 Annandale, VA 22003

Make checks payable to VMATYC (Federal ID 54-1394373)[VMATYC home](#)